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06/13/2014	201416400394	TRADE NAME/ORIGINAL FILING (RNO)	50.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ARYES STAFFING
411 E TOWN ST
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2303197

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ARYES STAFFING

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Effective Date: 06/12/2014

Document No(s):

201416400394

Date of First Use: 06/12/2014

Expiration Date: 06/12/2019

ADAMS & WILKES GROUP INC.
411 E TOWN ST
COLUMBUS, OH 43215



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
13th day of June, A.D. 2014.

Ohio Secretary of State



Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Name Registration

Filing Fee: \$50

CHECK ONLY ONE (1) Box

☒ Trade Name
 (167-RNO)

Date of first use:

 06/12/2014
 MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)

 ARYES STAFFING
 Name being Registered or Reported

Name of the Registrant

ADAMS & WILKES GROUP INC

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State):

1858433

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

TEMPORARY STAFFING

Business address:

411 E. TOWN ST C015 OH 43215

Mailing Address

Columbus

City

OH

State

43215

Zip Code

 RECEIVED
 SECRETARY OF STATE
 2014 JUN 12 PM 4:09
 CLIENT SERVICE CENTER

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.