DOC ID ----> 201425500961

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/15/2014	201425500961	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.

MIDPOINT ENTERPRISES
THOMAS MATUN
P.O. BOX 997
HUDSON, OH 44236

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
2326141

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

TRUE DAIRY FLAVORS

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**201425500961**

Effective Date: 09/11/2014

Date of First Use: 08/30/2014

Expiration Date: 09/11/2019

MIDPOINT ENTERPRISES, INC
PO BOX 997
HUDSON, OH 44236

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 15th day of September, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201425500961

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

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2014 SEP 11 PM 1:44

Name Registration
Filing Fee: $50

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 08/30/2014
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

True Dairy Flavors
Name being Registered or Reported

Midpoint Enterprises, Inc
Name of the Registrant

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): 01748024

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Sale of flavorings for dairy products.

Business address:

PO Box 997
Mailing Address

Hudson
City

OH
State

44236
Zip Code

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.

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

MIDPOINT ENTERPRISES, INC
Signature

Thomas M. Mat, L.
By (if applicable)

THOMAS M. MATON, JR.
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.