DOC ID ----> 201429700532

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**Receipt**

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

COMMSYS INCORPORATED
3033 KETTERING BLVD
STE 300
DAYTON, OH 45439

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted
**2337569**

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

**COMMSYS LE TECHNOLOGY**

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

| Document(s) | Document No(s): |
|---|---|
| **FICTITIOUS NAME/ORIGINAL FILING** | **201429700532** |

**Effective Date: 10/23/2014**

Expiration Date: 10/23/2019

COMMSYS, INC.
3033 KETTERING BLVD
STE 300
DAYTON, OH 45439

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 24th day of October, A.D. 2014.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201429700532

**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 $50.00).**
P.O. Box 1390
Columbus, OH 43216

2014 OCT 23 AM 11:09

2014 OCT 14 PM 12:29

# Name Registration
## Filing Fee: $50

**CHECK ONLY ONE (1) Box**

☐ Trade Name
(167-RNO)

Date of first use: _____
MM/DD/YYYY

☑ Fictitious Name
(169-NFO)

CommSys LE Technology
Name being Registered or Reported

COMMSYS, 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.**

**The Registrant is a(n): (Check only one (1) box)**

☐ **Individual**

☐ **General Partnership**
Registration #, if any _____

☐ **Limited Partnership**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☐ **Limited Liability Partnership**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☐ **Limited Liability Company**
Registration # _____
If Foreign, Jurisdiction of Formation _____

☑ **Ohio Corporation**
Charter # 759433

☐ **Foreign Corporation**
Ohio license # _____
Jurisdiction of Formation _____

☐ **Unincorporated Association**

☐ **Professional Association**
Charter # _____

☐ **Other**

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**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Technology: Public Safety Solutions

Business address:

3033 Kettering Blvd., Ste 300
Mailing Address

Dayton
City

OH
State

45439
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 |
|---|---|
| Robert S. Turner | 3033 Kettering Blvd., Dayton OH 45439 |
| | |
| | |

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.

COMMSYS, INC.
Signature

By (if applicable)

Robert Turner, President
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.