



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/05/2014	201430800719	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.

RESTAURANT
4626 MAHONING AVE
AUSTINTOWN, OH 44515

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2340602

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

EL JALAPENO II

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

Document(s)

TRADE NAME/ORIGINAL FILING

Effective Date: 11/04/2014

Document No(s):

201430800719

Date of First Use: 11/03/2014

Expiration Date: 11/04/2019

PENO 4626 LLC
4626 MAHONING AVE
AUSTINTOWN, OH 44515



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
5th day of November, A.D. 2014.

Ohio Secretary of State



Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of StateCentral Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 11/4/2014

Name Registration**Filing Fee: \$50****CHECK ONLY ONE (1) Box**☒ Trade Name
(167-RNO)

Date of first use: 11/3/2014

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

EL JALAPENO II

Name being Registered or Reported

PEN0 4626 LLC

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): 2326109

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

FAMILY RESTAURANT AND FOOD SERVICES.

Business address:

4626 MAHONING AVE

Mailing Address

AUSTINTOWN

City

OH

State

44515

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.

PENO 4626 LLC

Signature

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

NOELIA ALCAZAR AND RAMIRO ALCAZAR

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.