DOC ID ----> 201615202426

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/01/2016	201615202426	TRADE NAME REGISTRATION (RNO)	39.00	100.00	0.00	0.00	0.00

Receipt

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

SHARIF OMARA
13659 STRATFORD GLEN PL
HERNDON, VA 20171

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted
3908786

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

DAYS INN CLEVELAND LAKEWOOD

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

Document(s)
TRADE NAME REGISTRATION

Document No(s):
201615202426

Effective Date: 05/31/2016

Date of First Use: 05/25/2016

Expiration Date: 05/31/2021

ROMARA LLC
12019 LAKE AVE
LAKEWOOD, OH 44107

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 1st day of June, A.D. 2016.

Jon Husted
Ohio Secretary of State

DOC ID ----> 201615202426

Form 534A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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: $39

Form Must Be Typed

2016 MAY 31 PM 1:57

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 05/25/2016
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Days inn Cleveland Lakewood
Name being Registered or Reported

ROMARA 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): 2171141

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Hospitality

Business address:

12019 Lake ave
Mailing Address

Lakewood
City

OH
State

44107
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
Sharif Omara	12019 Lake Ave Lakewood OH 44107

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.

Signature

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.