



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/15/2016	201625901610	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00	0.00

Receipt

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

A. C. STRIP
575 SOUTH THIRD STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
3940824

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

JOE KNOWS TRADESMAN

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

Document(s)

TRADE NAME REGISTRATION**Effective Date: 09/14/2016**

Document No(s):

201625901610

Date of First Use: 09/01/2016

Expiration Date: 09/14/2021

JOE KNOWS ENERGY, LLC
545 METRO PLACE SOUTH
DUBLIN, OH 43017



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. 2016.

Ohio Secretary of State



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
CHECK ONLY ONE (1) Box
☒ Trade Name
 (167-RNO)

Date of first use: 09/1/2016

MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)

Joe Knows Tradesman

Name being Registered or Reported

Joe Knows Energy, 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): 2071842

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

To engage in development different trades, consulting services, and all related and unrelated services associated with same.

Business address:

545 Metro Place South

Mailing Address

Dublin

City

Ohio

State

43017

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.

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)

A.C. Strip

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.