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05/19/2017	201713804756	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00	0.00

Receipt

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FISHERBROYLES, LLP
P.O. BOX 1066
NEW ALBANY, OH 43054

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4030776

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
WINGS ACADEMY 1

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: **05/18/2017**

Document No(s):

201713804756

Date of First Use: **05/01/2017**

Expiration Date: **05/18/2022**

PHOENIX VILLAGE ACADEMY: PRIMARY II
12601 SHAKER BLVD.
CLEVELAND, OH 44120



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
19th day of May, A.D. 2017.

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: 5/18/2017

Name Registration
Filing Fee: \$39**CHECK ONLY ONE (1) Box**Trade Name
(167-RNO)

Date of first use:

5/1/2017

MM/DD/YYYY

Fictitious Name
(169-NFO)

WINGS ACADEMY 1

Name being Registered or Reported

PHOENIX VILLAGE ACADEMY: PRIMARY II

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): 1565863

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Public Community School

Business address:

12601 SHAKER BLVD.

Mailing Address

CLEVELAND

City

OH

State

44120

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.

EDMUND F. BROWN, ESQ.

Signature

AUTHORIZED REPRESENTATIVE

By (if applicable)

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

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.