



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/16/2018	201804302796	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

FROST BROWN TODD LLC
301 E. 4TH ST., STE. 3300
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4136453

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

SOLAR OPTIMIZERS, USA

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 02/12/2018

Document No(s):

201804302796

Date of First Use: 02/07/2018

Expiration Date: 02/12/2023

ENERGY OPTIMIZERS USA, LLC
4995 WINTON ROAD
CINCINNATI, OH 45232



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
16th day of February, A.D. 2018.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 2/12/2018

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

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use:

2/7/2018

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

SOLAR OPTIMIZERS, USA

Name being Registered or Reported

ENERGY OPTIMIZERS USA, 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): 4127685

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Lighting Installation

Business address:

4995 WINTON ROAD

Mailing Address

CINCINNATI

City

OH

State

45232

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.

WILLIAM N. KIRKHAM

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)

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.

Form 590 Prescribed by:

JON HUSTED
Ohio Secretary of State



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Consent for Use of Similar Name

(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)

Form Must Be Typed

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

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.

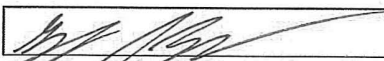
Required

Consent form must be signed by an authorized representative of the consenting entity.

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

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.

Signature



By (if applicable)

Print Name

Signature

By (if applicable)

Print Name