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| 09/05/2018 | 201824702710 | FICTITIOUS NAME REGISTRATION (NFO) | 39.00  | 0.00  | 0.00 | 0.00 |

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SHUMAKER LOOP & KENDRICK  
1000 JACKSON ST  
TOLEDO, OH 43604

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**4227569**

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

**COVE: CENTER OF VISUAL EXPERTISE**

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

Document(s)

**FICTITIOUS NAME REGISTRATION**

Effective Date: 09/04/2018

Document No(s):

**201824702710**

Expiration Date: 09/04/2023

THE TOLEDO MUSEUM OF ART  
2445 MONROE ST, PO BOX 1013  
TOLEDO, OH 43697



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 September, A.D. 2018.

**Ohio Secretary of State**

Form 534A Prescribed by:

Date Electronically Filed: 9/4/2018

**JON HUSTED**  
Ohio Secretary of State



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

  
MM/DD/YYYY

☒ Fictitious Name  
(169-NFO)

COVE: CENTER OF VISUAL EXPERTISE

Name being Registered or Reported

THE TOLEDO MUSEUM OF ART

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): 15957

### All registrants must complete the information in this section

The general nature of business conducted by the registrant:

art museum and art education

Business address:

2445 MONROE ST, PO BOX 1013

Mailing Address

TOLEDO

City

OH

State

43697

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.

MICHAEL E. DOCKINS

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.