DOC ID ----> 201909600508

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/06/2019	201909600508	Biennial Report/Limited Liability Partnership (19L)	25.00				0

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

LARRY ROBERT RAGER
1600 GOLDEN CLOUD LN
COLUBUS, OH, 43228

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

3943792

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

BRAINCHILD STUDIO, LLP

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

Document(s)	Document No(s):
Biennial Report/Limited Liability Partnership	**201909600508**

Effective Date: 04/06/2019

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 6th day of April, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201909600508

Form 520 Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 4/6/2019

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

Biennial Report

(Domestic, Professional Association, Domestic or Foreign LLP)

Filing Fee: $25

Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☐ _____ Biennial Report of Professional Association (102-YRA) (even-numbered years)
Indicate Year

List Profession _____

(2) ☑ 2019 Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years)
Indicate Year

If foreign limited liability partnership, provide jurisdiction of formation _____

Name of Entity BRAINCHILD STUDIO, LLP

Charter or Registration Number 3943792

Complete the information in this section if box (1) is checked

Shareholders of Professional Association

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

1600 GOLDEN CLOUD LN
Mailing Address

COLUMBUS
City

OH
State

43228
Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City

State

Zip Code

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
Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

LARRY RAGER
Signature

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.