



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/04/2019	201924603546	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

ELITE MEDICAL SERVICES
43 NORTH PAINT STREET
CHILLIOTHE, OH 45601

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4376010

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ELITE MEDICAL SERVICES, LLC.

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 09/03/2019

Document No(s):

201924603546

Date of First Use: 09/02/2019

Expiration Date: 09/03/2024

ELITE STAFFING GROUP, LLC
43 NORTH PAINT STREET
CHILLIOTHE, OH 45601



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
4th day of September, A.D. 2019.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 9/3/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Name Registration

Filing Fee: \$39**Form Must Be Typed****CHECK ONLY ONE (1) Box**Trade Name
(167-RNO)

Date of first use:

9/2/2019

MM/DD/YYYY

Fictitious Name
(169-NFO)

Elite Medical Services, LLC.

Name being Registered or Reported

ELITE STAFFING GROUP, 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): 2374951

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Medical services such as Home health aides

Business address:

43 NORTH PAINT STREET

Mailing Address

CHILLIOTHE

City

OH

State

45601

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.

ELITE MEDICAL SERVICES, LLC.

Signature

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

DALE R PATCHES

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.