DOC ID ----> 201927100360

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 09/30/2019 | 201927100360 | TRADE NAME REGISTRATION (RNO) | 39.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

MICHELLE BOLDEN
230 MACENROE DR
BLACKLICK, OH 43004

# STATE OF OHIO
## CERTIFICATE

**Ohio Secretary of State, Frank LaRose**

**4385245**

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

**OHIO CBD EXPO**

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

| Document(s) | Document No(s): |
|---|---|
| **TRADE NAME REGISTRATION** | **201927100360** |

**Effective Date: 09/28/2019**

Date of First Use: 09/01/2019

Expiration Date: 09/28/2024

HAPPY BELLY EVENTS LLC
230 MACENROE DR
BLACKLICK, OH 43004

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 30th day of September, A.D. 2019.

**Ohio Secretary of State**

Form 534A Prescribed by:

Date Electronically Filed: 9/28/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File 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: 9/1/2019 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

OHIO CBD EXPO

Name being Registered or Reported

HAPPY BELLY EVENTS 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): 4311183

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

The general nature of business conducted by the registrant:

Events

Business address:

230 MACENROE DR

Mailing Address

BLACKLICK

City

OH

State

43004

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.

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

HAPPY BELLY EVENTS LLC
Signature

MICHELLE BOLDEN
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.