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|------------|--------------|-------------------------------|--------|-------|------|------|
| 05/07/2021 | 202112302492 | TRADE NAME REGISTRATION (RNO) | 39.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

EVAN COCHRAN  
TWO MIRANOVA PLACE, SUITE 700  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**4673008**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FAIRBORN PEST CONTROL**

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

Document(s)

**TRADE NAME REGISTRATION**

**Effective Date: 05/04/2021**

Document No(s):

**202112302492**

Date of First Use: 03/15/2021

Expiration Date: 05/04/2026

GO2-PROS PEST CONTROL, INC.  
7989 S. SUBURBAN ROAD  
CENTERVILLE, OH 45458



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  
7th day of May, A.D. 2021.

**Ohio Secretary of State**

Form 534A Prescribed by:



Date Electronically Filed: 5/4/2021

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Name Registration

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

Date of first use:

3/15/2021

MM/DD/YYYY

Fictitious Name  
(169-NFO)

Fairborn Pest Control

Name being Registered or Reported

GO2-PROS PEST CONTROL, INC.

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): 479851

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

The general nature of business conducted by the registrant:

Pest Control.

Business address:

7989 S. SUBURBAN ROAD

Mailing Address

CENTERVILLE

City

OH

State

45458

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.

JOHN R. MORAN, PRESIDENT

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:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## 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

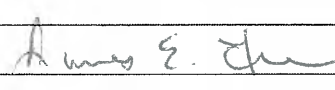
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

### 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