



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/07/2021	202112302664	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
4673009

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

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 05/04/2021

Document No(s):

202112302664

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 | 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:

3/15/2021

MM/DD/YYYY

Fictitious Name
(169-NFO)

Lane Pest Solutions

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 | business@OhioSoS.govFile online or for more information: 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 TypedName 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)

JAMES LANE, PRESIDENT

Print Name

Signature

By (if applicable)

Print Name