



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/01/2021	202118202214	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

ZEPF CENTER
6605 W. CENTRAL AVE.
TOLEDO, OH 43617

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4707091

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

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 07/01/2021

Document No(s):

202118202214

Date of First Use: 06/30/2021

Expiration Date: 07/01/2026

ZEPF CENTER
6605 W. CENTRAL AVE.
TOLEDO, OH 43617



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
1st day of July, A.D. 2021.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 7/1/2021

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:

6/30/2021

MM/DD/YYYY

Fictitious Name
(169-NFO)

Crisis Care

Name being Registered or Reported

ZEPF CENTER

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): 464654

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Community Mental Health Center

Business address:

6605 W. CENTRAL AVE.

Mailing Address

TOLEDO

City

OH

State

43617

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.

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Signature

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

ANDREA POWELL

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.