DOC ID ----> 202204901110

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/18/2022	202204901110	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

SHARON E ELLSWORTH
101 W. PROSPECT AVENUE
SUITE 1400
CLEVELAND, OH 44115

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4820840

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

DIVERSIFIED FALL PROTECTION, LTD.

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202204901110**

Effective Date: 02/18/2022

Date of First Use: 01/01/2022

Expiration Date: 02/18/2027

LORAD, LLC
24400 SPERRY DRIVE
CLEVELAND, OH 44145

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 18th day of February, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202204901110

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 2/18/2022

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: 1/1/2022 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

DIVERSIFIED FALL PROTECTION, LTD.

Name being Registered or Reported

LORAD, 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): 1663222

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Design and Installation of fall protection systems.

Business address:

24400 SPERRY DRIVE

Mailing Address

CLEVELAND

City

OH

State

44145

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.

REMINGER SERVICE COMPANY, INC.
Signature

JOHN PATRICK, AUTHORIZED REPRESENTATIVE
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.

DOC ID ----> 202204901110

Form 590 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File 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 Typed

Name of Entity/Individual Giving Consent	ADLOR, LLC
Charter/Registration/License Number of Entity giving Consent	2446094
Gives it Consent To	LORAD, LLC
To Use The Name	DIVERSIFIED FALL PROTECTION, LTD.

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)

JOHN PATRICK, AUTHORIZED REPRESENTATIVE

Print Name

Signature

By (if applicable)

Print Name