



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/03/2022	202221402408	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

Receipt

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

SERGEY SHAPIRO
9485 MAIN AVE
CINCINNATI, OH 45242

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4905012

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

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

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 08/02/2022

Document No(s):

202221402408



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
3rd day of August, A.D. 2022.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 8/2/2022

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:

MM/DD/YYYY☒ Fictitious Name
(169-NFO)

Name being Registered or Reported

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

The general nature of business conducted by the registrant:

Business address:

Mailing Address

City

State

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.

BW MASON HOTEL GROUP INC

Signature

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

MAFTUNA ZOHIDOVA

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.