DOC ID ----> 202329004270

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/18/2023	202329004270	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

JOSHUA GROSS
28800 CLARK DRIVE
WICKLIFFE, OH 44092

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5127308

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

ON TARGET ABA

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202329004270**

Effective Date: 10/17/2023

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 October, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202329004270

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 10/17/2023

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: 7/31/2022 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

On Target ABA

Name being Registered or Reported

FIRST STEPS THERAPIES, 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): 4901106

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

ABA Therapy for children with autism

Business address:

28080 CHARDON RD, SUITE 208

Mailing Address

WILLOUGHBY HILLS

City

OH

State

44092

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.

FIRST STEPS THERAPIES
Signature

JOSHUA GROSS
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 ----> 202329004270

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.)

Name of Entity/Individual Giving Consent	On Target ABA
Charter/Registration/License Number of Entity giving Consent	4601747
Gives it Consent To	First Steps Therapies
To Use The Name	On Target ABA

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.

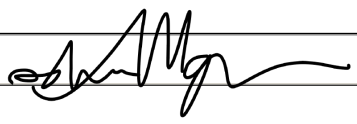
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By

Print Name

On Target ABA
Signature


By

Joshua Gross
Print Name