DOC ID ----> 202333900074

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/05/2023	202333900074	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

DOUG CALLAHAN
9680 SWEET VALLEY DRIVE
CLEVELAND, OH 44125

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5148112

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

GREAT LAKES TRUCK CENTERS

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202333900074**

Effective Date: 12/05/2023

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 5th day of December, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202333900074

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 12/5/2023

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: 12/4/2023 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

GREAT LAKES TRUCK CENTERS

Name being Registered or Reported

AKRON FREIGHTLINER 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): 4258049

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

TRUCK DEALERSHIP

Business address:

9680 SWEET VALLEY DR

Mailing Address

CLEVELAND

City

OH

State

44125

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.

AKRON FREIGHTLINER INC
Signature

DOUG CALLAHAN
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 ----> 202333900074

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: MANSFIELD FREIGHTLINER, INC

Charter/Registration/License Number of Entity giving Consent: 4383142

Gives it Consent To: AKRON FREIGHTLINER, INC

To Use The Name: GREAT LAKES TRUCK CENTERS

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)

DOUG CALLAHAN
Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202333900074

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: MONROEVILLE FREIGHTLINER, INC

Charter/Registration/License Number of Entity giving Consent: 4383139

Gives it Consent To: AKRON FREIGHTLINER, INC

To Use The Name: GREAT LAKES TRUCK CENTERS

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)

DOUG CALLAHAN
Print Name

Signature

By (if applicable)

Print Name