DOC ID ----> 202508301680

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/24/2025	202508301680	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

KRUGLIAK, WILKINS, GRIFFITHS & DOUGHERTY CO., LPA
4775 MUNSON ST. NW
CANTON, OH 44718

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5380014

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

STAFF RIGHT PERSONNEL SERVICES

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

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**202508301680**

Effective Date: 03/24/2025

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 24th day of March, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202508301680

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 3/24/2025

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: 3/1/2025 MM/DD/YYYY

☐ Fictitious Name (169-NFO)

Staff Right Personnel Services

Name being Registered or Reported

EOMCO, 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): 674176

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Staffing services

Business address:

27171 STATE ROUTE 62

Mailing Address

BELOIT

City

OH

State

44609

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.

RYAN KLUSCH
Signature

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 ----> 202508301680

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	Staff Right Personnel Services, LLC
Charter/Registration/License Number of Entity giving Consent	990607
Gives it Consent To	EOMCO, Inc.
To Use The Name	Staff Right Personnel Services

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)	President
Print Name	Randall D. Hart
Signature	
By (if applicable)	
Print Name	