



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/18/2025	202510802474	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

MR.
PO BOX 280
ELIZABETH, WV 26143

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5394915

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
OHIO VALLEY SERVICES GROUP

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 04/18/2025

Document No(s):

202510802474



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 April, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 4/18/2025

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:

3/1/2025

MM/DD/YYYY

Fictitious Name
(169-NFO)

OHIO VALLEY SERVICES GROUP

Name being Registered or Reported

POWER AND COMM. CONTRACTED SOLUTIONS 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): 5310628

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

ELECTRICAL AND COMMUNICATIONS INSTALLATION/REPAIR; HVAC INSTALLATION/REPAIR

Business address:

1115 GRAVEL BANK RD

Mailing Address

MARIETTA

City

OH

State

45750

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.

POWER AND COMM. CONTRACTED SOLUTIONS LLC

Signature

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

MICHAEL N. DEEM

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.



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Name Reservation / Transfer / Cancellation

Reservation Filing Fee: \$39 (160-NRO)

Transfer Filing Fee: \$25 (185-NRT)

Cancellation Filing Fee: \$25 (184-RNX)

Form Must Be Typed

CHECK ONLY ONE (1) BOX

☒ (1) Original Name Reservation

Applicant is reserving the name on behalf of a: proposed new corporation, limited liability company or business trust; or an existing corporation, limited liability company, or business trust intending to change its name.

☐ (2) Name Reservation Transfer

Reservation Number

Reserved Name

☐ (3) Name Reservation Cancellation

Reservation Number

Reserved Name

Complete only if box (1) is checked

Please reserve the first name available (only one name may be reserved per form) in the order of preference listed below. I understand that I am not granted the reservation until I receive written confirmation from the Secretary of State's office stating that the name has been reserved for me. The name reservation is valid for a period of **180 days** from the date of filing.

OHIO VALLEY SERVICES GROUP

First Choice

Second Choice

Third Choice

Applicant Information

POWER AND COMM. CONTRACTED SOLUTIONS LLC

Name (Business Entity or Individual)

1115 GRAVEL BANK RD

Mailing Address

MARIETTA

City

Ohio

State

45750

ZIP Code

Complete only if box (2) is checked

Transferee Name (New Applicant Name)

Mailing Address

City

State

ZIP Code

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

This document must be signed by the applicant or by any authorized representative of the applicant.

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)

Print Name

Signature

By (if applicable)

Print Name