



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/05/2025	202530903152	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

EASTERN PERSONNEL SERVICES, INC.
619 CENTRAL AVENUE
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5501035

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

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 11/05/2025

Document No(s):

202530903152



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 November, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 11/5/2025

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:

11/1/2025

MM/DD/YYYY

Fictitious Name
(169-NFO)

Eastern Supportive Solutions

Name being Registered or Reported

EASTERN PERSONNEL SERVICES, 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): 753544

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Vending, Fingerprinting and Staffing

Business address:

619 CENTRAL AVENUE

Mailing Address

CINCINNATI

City

OH

State

45202

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.

EASTERN PERSONNEL SERVICES 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.

ANGELITA JONES

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.