DOC ID ----> 202627700634

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/05/2026	202627700634	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

Receipt

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

STYLETECH CORPORATION
5655 LIBERTY RD N
POWELL, OH 43065

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

5693521

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

GREAT CLIPS

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

Document(s)	Document No(s):
FICTITIOUS NAME REGISTRATION	**202627700634**

Effective Date: 10/04/2026

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 October, A.D. 2026.

Ohio Secretary of State

DOC ID ----> 202627700634

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 10/4/2026

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: _____ MM/DD/YYYY

☑ Fictitious Name (169-NFO)

GREAT CLIPS

Name being Registered or Reported

STYLETECH CORPORATION

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): 1215849

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Hair salon

Business address:

5655 LIBERTY RD N

Mailing Address

POWELL | OH | 43065

City | State | 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.

STYLETECH CORPORATION
Signature

DAN MERRISS
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 ----> 202627700634

DOC ID ----> 200107500256

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/16/2001	200107500256	DOMESTIC ARTICLES/FOR PROFIT (ARF)	85.00	.00	.00	.00	.00

Receipt

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

DANIEL & ELIZABETH MERRISS
370 HAMPTON PARK NORTH
WESTERVILLE, OH 43081

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1215849

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

STYLETECH CORPORATION

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200107500256**

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 20th day of February, A.D. 2001.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 202627700634

DOC ID ----> 200107500256

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form ☐ Yes

ARTICLES OF INCORPORATION

(Under Chapter 1701 of the Ohio Revised Code)

Profit Corporation

The undersigned, desiring to form a corporation, for profit, under Sections 1701.01 et seq. of the Ohio Revised Code, do hereby state the following:

FIRST. The name of said corporation shall be: STYLETECH CORPORATION

SECOND. The place in Ohio where its principal office is to be located is

WESTERVILLE (city, village or township), FRANKLIN County, Ohio

THIRD. The purpose(s) for which this corporation is formed is:
HAIR CUTTING

FOURTH. The number of shares which the corporation is authorized to have outstanding is: 500
(Please state whether shares are common or preferred, and their par value, if any. Shares will be recorded as common with no par value unless otherwise indicated.)

IN WITNESS WHEREOF, we have hereunto subscribed our names, on FEB 10, 2001 (date)

Signature: D M Merriss, Incorporator
Name: DANIEL L. MERRISS

Signature: Mary E Merriss, Incorporator
Name: Mary E. Merriss

Signature: _____, Incorporator
Name: _____

DOC ID ----> 202627700634

DOC ID ----> 200107500256

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of STYLETECH CORPORATION

hereby appoint DANIEL L. MERRISS, to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

370 HAMPTON PARK NORTH
(street name and number P.O. Boxes are not acceptable)

WESTERVILLE, Ohio 43081
(city, village or township) (zip code)

Signature: D M
Name: DANIEL L MERRISS

Signature: x Mary E Merriss
Name: x Mary E. Merriss

Signature: _____
Name: _____

ACCEPTANCE OF APPOINTMENT

The undersigned, DANIEL L. MERRISS, named herein as the statutory agent for, STYLETECH CORPORATION, hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Signature: D M
Statutory Agent