



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/12/2007	200728401984	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

**Receipt**

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

CAVITCH FAMILIO DURKIN & FRUTKIN-LAVERNE B. STRONG  
FOURTEENTH FLOOR  
1717 E. NINTH ST.  
CLEVELAND, OH 44114-2876

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1732830**

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

**METAL SPECIALTIES**

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

Document(s)

Document No(s):

**FICTITIOUS NAME/ORIGINAL FILING****200728401984**

Expiration Date: 10/11/2012

A.F.O. INC.  
30 PARK STREET  
BEREA, OH 44017



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 11th day of October, A.D.  
2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**NAME REGISTRATION**  
(For Domestic/Foreign Profit or Nonprofit)  
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

<b>(1)</b> <input type="checkbox"/> Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	<b>(2)</b> <input checked="" type="checkbox"/> Fictitious Name (169-NFO)	<b>(3)</b> Name Reservation (160-NRO) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No. _____
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**Complete the information in this section if box (1) or (2) is checked.**

The exact name being registered or reported is

Metal Specialties**The Registrant is (Check Appropriate Box)**

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
<input type="checkbox"/> Limited Partnership: Reg. No. _____	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Ohio Limited Liability Co., Reg. No. _____	<input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
<input checked="" type="checkbox"/> Ohio Corporation, Charter No. <u>Applied For</u>	
<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Other _____	

The name of the registrant designated above is

A.F.O. Inc.

**NOTE:** Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

30 Park Street

(Street)

**NOTE: P.O. Box Addresses are NOT acceptable.**Berea

(City)

Cuyahoga

(County)

Ohio

(State)

44017

(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

technical consulting in the sheet metal industry

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

**REQUIRED**

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

  
Authorized Representative

October 9, 2007  
Date

Authorized Representative

Date