



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/14/2008	200801101342	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

PARESH PATEL
148 WILLOW BEND DR
CAMFIELD, OH 44406

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1750602**

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

ROBBINS BEVERAGES

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 11/02/2007
Expiration Date: 01/07/2013

Document No(s):

200801101342

VINAYAK OF NILES, INC.
445 ROBBINS AVE
NILES, OH 44446



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 7th day of January, A.D.
2008.

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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<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)

(1) <input checked="" type="checkbox"/> Trade Name (167-RNO) Date of first use <u>11/02/2007</u> MM/DD/YYYY	(2) <input type="checkbox"/> Fictitious Name (169-NFO)	(3) <input type="checkbox"/> 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

Robbins Beverages**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>1739246</u> | |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Other _____ | |

The name of the registrant designated above is

Vinayak of Niles, 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

445 Robbins Ave.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.Niles

(City)

Mahoning

(County)

Ohio

(State)

44446

(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)

Beverage and Convenience Store**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.

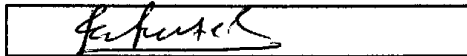
I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.**

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)

X



Authorized Representative



Authorized Representative

12/30/07

Date



Date