



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/10/2013	201334400329	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

**Receipt**

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

MILLIKIN & FITTON LAW FIRM  
 VALERIE OWEN  
 9032 UNION CENTRE BLVD, STE 200  
 WEST CHESTER, OH 45069

**STATE OF OHIO**  
**CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2252038**

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

**CHILDREN WITH DIABETES**

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

Document(s)

Document No(s):

**TRADE NAME/ORIGINAL FILING**

**201334400329**

**Effective Date: 12/09/2013**

Date of First Use: 12/06/2013  
 Expiration Date: 12/09/2018

T-1 TODAY, INC.  
 8216 PRINCETON-GLENDALE ROAD  
 PMB 200  
 WEST CHESTER, OH 45069



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 10th day of December,  
 A.D. 2013.

Ohio Secretary of State

*Jon Husted*

Form 534A Prescribed by:  
**JON HUSTED**  
Ohio Secretary of State  
Central Ohio 16141 480 8810  
Toll Free (877) 503-FILE (267-3456)  
www.OhioSecretaryofState.gov  
Bureau of Ohio Secretary of State

Mail this form to one of the following:  
Regular Filing (non-expedited)  
P.O. Box 870  
Columbus, OH 43216  
Expedite Filing (Two business day processing  
and requires an additional \$100.00)  
P.O. Box 1980  
Columbus, OH 43216

### Name Registration

Filing Fee: \$50

CHECK ONLY ONE (Mark Box)

Fictitious Name  
(169-RN0)  
Date of first use: 12/09/2013  
MM/DD/YYYY

Fictitious Name  
(169-NFO)

Children With Diabetes:  
Name being Registered or Reported  
1st - Wesley, The  
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): 2231845

All registrants must complete the information in this section

The general nature of business conducted by the registrant:  
To provide education & support to families living with type 1 diabetes.

Business address:  
2216 Princeton-Blendale Road, PMB 200  
Mailing Address  
Wesley Chester City Ohio State 43088 Zip Code

2013 DEC -9 PM 4:01

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1773. If partnership is registered, provide registrant number on page one.

Provide the name and address of at least one general partner:

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

NOTE: Pursuant to OAG 86-041, 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.

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: *[Handwritten Signature]*

By (if applicable):

Print Name:

