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12/10/2013	201334400329	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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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 533A Prescribed by:
JON HUSTED
Ohio Secretary of State
Columbus, Ohio 43216
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
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and requires an additional \$100.00.
P.O. Box 1980
Columbus, OH 43216

Name Registration

Filing Fee: \$50

CHECK ONLY ONE (Box)

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

Fictitious Name
(169-NFO)

2013 DEC -9 PM 4:01

Children With Diabetes:
Name being Registered or Reported
151 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 Ohio 43088
City State Zip Code

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. *[Signature]*

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box. *[Signature]*
By (if applicable)
[Signature]
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.

Form 690 Provided by:
Jon Husted
 Ohio Secretary of State
 Central Ohio: (614) 468-3910
 Toll Free: (877) 808-FILE (707-8463)
 www.OhioSecretaryOfState.gov
 Bureau@OhioSecretaryOfState.gov

Consent for Use of Similar Name
 (To be filed with new business formation document or amendment to
 change business name where a name conflict will occur.)

2013 DEC -9 PM 11:01

Name of Entity/Individual Giving Consent: Children With Diabetes, Jeff Hitchcock

Charter/Registration/License Number of Entity giving Consent: ON2841

Gives its Consent To: 1st Tuley, Inc.

To Use The Name: Children with Diabetes

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
 Consent form must be signed by an authorized representative of the consenting entity.

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.

Jeff Hitchcock
 Signature

Children With Diabetes
 By (if applicable)

Jeff Hitchcock
 Print Name

 Signature

 By (if applicable)

 Print Name

Form 690

Page 1 of 1

Last Revised: 2/01/12