



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/26/2025	202523004942	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00

**Receipt**

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

ASHLEY FICKENSCHER  
425 WALNUT STREET  
SUITE 1800  
CINCINNATI , OH 45202

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
5463311**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**PHOENIX SAFETY OUTFITTERS**

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

Document(s)

**FICTITIOUS NAME REGISTRATION**

Effective Date: 08/25/2025

Document No(s):

**202523004942**



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  
26th day of August, A.D. 2025.

**Ohio Secretary of State**

Form 534A Prescribed by:

Date Electronically Filed: 8/25/2025



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

### Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

<input type="checkbox"/> Trade Name (167-RNO)	Date of first use: <input type="text"/> MM/DD/YYYY	<input checked="" type="checkbox"/> Fictitious Name (169-NFO)
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<input type="text" value="Phoenix Safety Outfitters"/> Name being Registered or Reported
<input type="text" value="FIRE ACQUISITION COMPANY, LLC"/> Name of the Registrant
<b>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.</b>

Registrant's Entity Number (if registered with Ohio Secretary of State):

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Business address:

<input type="text" value="110 W LEFFEL LANE"/> Mailing Address		
<input type="text" value="SPRINGFIELD"/> City	<input type="text" value="OH"/> State	<input type="text" value="45506"/> 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.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

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.