

DATE 08/22/2024 DOCUMENT ID 202423501716

DESCRIPTION
TRADE NAME REGISTRATION (RNO)

FILING 39.00 EXPED 0.00 CERT COPY 0.00 0.00

0.00

#### Receipt

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

KAYLA DAVIS 3478 STALLING COURT COLUMBUS, OH 43204

## STATE OF OHIO CERTIFICATE

# Ohio Secretary of State, Frank LaRose 5275914

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

#### A STEP IN THE RIGHT DIRECTION

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

and, that said business records show the firming and recording of.

Document(s)
TRADE NAME REGISTRATION

Document No(s):

202423501716

Effective Date: 08/22/2024



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 22nd day of August, A.D. 2024.

**Ohio Secretary of State** 

Fred Johne

Form 534A Prescribed by:



Date Electronically Filed: 8/22/2024

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

## Name Registration

Filing Fee: \$39
Form Must Be Typed

### **CHECK ONLY ONE (1) Box**

Trade Name Date of first use: 4/5/2019  (167-RNO)  MM/DD/YYYY	Fictitious Name (169-NFO)
A Step in the Right Direction	
Name being Registered or Reported	
KAYLA DAVIS	
Name of the Registrant	
Note: If the registrant is a partnership, please provide the na not permitted but are required on page 2 of the form.	ame of the partnership. Individual partner names are
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:	_
A local nonprofit organization that serves the underserved com	munity in Central Columbus and the surrounding
areas.	
Business address:	
59 OREL AVENUE	
Mailing Address	
COLUMBUS	OH 43204
City	State ZIP Code

Provide the name and addres	ss of <u>at least one</u> genera	al partner:
Name		Address
		and the name as registered in its jurisdiction of formation.
By signing and submitting this	s form to the Ohio Secre	etary of State, the undersigned hereby certifies that he or she has the
		etary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute  Required	this document.  KAYLA DAVIS	etary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute  Required  Application must be signed by the registrant or	this document.	etary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute  Required Application must be signed by the registrant or an authorized representative.  If authorized representative is an individual, then they	this document.  KAYLA DAVIS	etary of State, the undersigned hereby certifies that he or she has the
By signing and submitting this requisite authority to execute  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.	this document.  KAYLA DAVIS  Signature	etary of State, the undersigned hereby certifies that he or she has the