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| 03/18/2025 | 202507604518 | TRADE NAME REGISTRATION (RNO) | 39.00 | 0.00 | 0.00 | 0.00 |

Receipt

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

EXCEL MANAGEMENT SYSTEMS, INC.
NARESH KUMAR INDURI
5935 WILCOX PLACE, SUITE E
DUBLIN, OH 43016

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5376416

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

BROWN ENTERPRISE SOLUTIONS LLC

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 03/17/2025

Document No(s):

202507604518



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
18th day of March, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 870
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1380
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use:

2/19/2008

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Brown Enterprise Solutions LLC

Name being Registered or Reported

Excel Management Systems, Inc.

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): 748644

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Reseller of hardware, software, and other technology solutions to the State of Ohio and other local government agencies and to the State Universities.

Business address:

5935 Wilcox Place Suite E

Mailing Address

Dublin

City

OH

State

43016

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

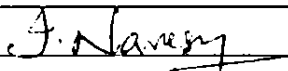
Address

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.

Naresh Kumar Induri
Signature



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

By (if applicable)

Naresh Kumar Induri

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 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

2025 MAR 17 PM 2:20

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.)****Form Must Be Typed**Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name **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.

Signature

A handwritten signature in black ink, appearing to read 'Naresh Induri', is written over a horizontal line.

By (if applicable)

Print Name

Signature
By (if applicable)
Print Name