



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/02/2022	202206001428	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

**Receipt**

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

AARON WINKEL  
328 E ROYAL FOREST BLVD  
COLUMBUS, OH 43214

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
4826843**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**COLUMBUS ASPHALT SERVICES**

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

Document(s)

**TRADE NAME REGISTRATION**

**Effective Date: 03/01/2022**

Document No(s):

**202206001428**

Date of First Use: 01/04/2020

Expiration Date: 03/01/2027

ADVANTAGE MARKET SOLUTIONS LLC  
1788 ARBOR HILL DR  
COLUMBUS, OH 43229



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  
2nd day of March, A.D. 2022.

**Ohio Secretary of State**

Form 534A Prescribed by:

Date Electronically Filed: 3/1/2022



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 checked="" type="checkbox"/> Trade Name (167-RNO)	Date of first use: <input type="text" value="1/4/2020"/> MM/DD/YYYY	<input type="checkbox"/> Fictitious Name (169-NFO)
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Name being Registered or Reported

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):

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

The general nature of business conducted by the registrant:

Business address:

Mailing Address

City

State

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

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)

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.