



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/12/2024	202407202802	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

COLUMBUS DOWNTOWN DEVELOPMENT CORPORATION
150 SOUTH FRONT STREET
SUITE 210
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
5197834**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
DOWNTOWN COLUMBUS, INC.

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 03/12/2024

Document No(s):

202407202802



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
12th day of March, A.D. 2024.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 3/12/2024

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

<input checked="" type="checkbox"/> Trade Name (167-RNO)	Date of first use: <input type="text" value="3/11/2024"/> MM/DD/YYYY	<input type="checkbox"/> Fictitious Name (169-NFO)
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<input type="text" value="Downtown Columbus, Inc."/> Name being Registered or Reported
<input type="text" value="COLUMBUS DOWNTOWN DEVELOPMENT CORPORATION"/> 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:

<input type="text" value="Conducting redevelopment and economic development activities within the City of Columbus, Franklin County, Ohio, and all matters incident thereto."/>

Business address:

<input type="text" value="150 SOUTH FRONT STREET, SUITE 210"/>
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Mailing Address

<input type="text" value="COLUMBUS"/> City	<input type="text" value="OH"/> State	<input type="text" value="43215"/> ZIP Code
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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.