Reset Form

Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

○ Expedite — PO Box 1390, Columbus, OH 43216

***** Requires an additional fee of $100 *****

○ Non Expedite — PO Box 670, Columbus, OH 43216

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO) Date of first use: _____	☑ Fictitious Name (169-NFO)

Name being registered or reported: WXYZ Services

Name of the Registrant: John Doe

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☑ Individual

☐ Partnership
Registration # , if any _____

☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Ohio Corporation
Charter # _____

☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

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All registrants must complete the information in this section

Business address: 100 Main Street

Mailing Address

Columbus | OH | 43201

City | State | Zip Code

The general nature of the business conducted by the registrant:

Retail.

Complete the information in this section if registrant is a partnership not registered in Ohio

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, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation 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
Must be authenticated **(signed)** by the registrant or an authorized representative

Signature | Date

John Doe

Print Name

Signature | Date

Print Name

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Instructions for Name Registration

This form should be used to register a trade name or report the use of a fictitious name.

To register a trade name, please select box 1. Pursuant to Ohio Revised Code §1329.01 (B) (4), please provide the date on which the registrant first used the trade name, which must be prior to the date of filing. Examples of "use" include opening a business account in the trade name, placing the trade name on products, advertisements using the trade name or business cards and letterhead.

To report the use of a fictitious name, please select box 2. Pursuant to Ohio Revised Code §1329.01 (D), any person who does business under a fictitious name not registered as a trade name must report the use of that name to the Secretary of State.

Name Being Registered or Reported
State the trade name or fictitious name to be registered or reported. Pursuant to Ohio Revised Code §1329.02 a trade name cannot indicate or imply that the registrant is incorporated unless the registrant is incorporated. Specifically, only a corporate can file a trade name which includes entity words such as: "company," "co.," "corporation," "corp.," incorporated," or "inc."

Registrant Information
Check the appropriate box to identify the type of entity registering the trade name or reporting the fictitious name. Complete the appropriate information on the lines provided for the specific entity type. If the entity is registered with our office, it must provide the charter/registration/license number. If the entity is incorporated in another jurisdiction, list the jurisdiction of formation and Ohio charter/registrations/license number.

State the name of the registrant on the line provided. If the registrant is a foreign corporation licensed in Ohio under an assumed name, the assumed name must be provided as well as the corporation's name as registered in the jurisdiction of formation.

Provide the complete business address of the registrant.

Information if Registrant is a General Partnership
Pursuant to Ohio Revised Code § 1329.01 (B) (1) (a), if the registrant is a general partnership, please provide the registration number assigned to the partnership by our office. If the general partnership is not registered in our office, please provide the name and address of at least one general partner.

Additional Provisions
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)
After completing all information on the filing form, please make sure that the form is signed by an authorized representative.

****NOTE: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**

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