



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/03/2018	201818303318	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

PHANTOM TECHNOLOGY
PO BOX 3211
COLUMBUS, OH 43210

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4205530

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

POOL OFFICE MANAGER

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 07/02/2018

Document No(s):

201818303318

Date of First Use: 11/01/2017

Expiration Date: 07/02/2023

PHANTOM TECHNOLOGY LLC
PO BOX 3211
COLUMBUS, OH 43210



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
3rd day of July, A.D. 2018.

Jon Husted

Ohio Secretary of State

Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: \$39

Form Must Be Typed

RECEIVED

JUL 2 2018

CHECK ONLY ONE (1) Box

Trade Name
(167-RNO)

Date of first use:
MM/DD/YYYY

Fictitious Name
(169-NFO)

OHIO SECRETARY OF STATE

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:

Any legal purpose

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

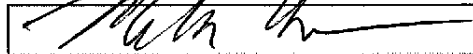
Address

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.

owner

By (if applicable)

Michael Leone

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.