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04/14/2010	201010300580	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

Receipt

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

NATIONAL LEGAL PROFESSIONAL ASSOCIATES
11331 GROOMS ROAD
SUITE 1000
CINCINNATI, OH 45242

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1928824**

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

NATIONAL LEGAL PROFESSIONAL ASSOCIATES

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

Document(s)

Document No(s):

FICTITIOUS NAME/ORIGINAL FILING**201010300580**

Expiration Date: 04/07/2015

NATIONAL LEGAL PROFESSIONAL
ASSOCIATES
11331 GROOMS ROAD
CINCINNATI, OH 45242



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 7th day of April, A.D.
2010.

Ohio Secretary of State



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

2010 APR -7 AM 9:42

(CHECK ONLY ONE (1) BOX)

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

Name being registered or reported:

National Legal Professional Associates

Name of the Registrant:

National Legal Professional Associates

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 | ☐ Unincorporated Association |
| ☒ Partnership
Registration #, if any _____ | ☐ Professional Association |
| ☐ Limited Partnership
Registration # _____ | ☐ Other |
| 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 _____ | |

All registrants must complete the information in this section

Business address:

11331 Grooms Road
 Mailing Address
 Cincinnati OH 45242
 City State Zip Code

The general nature of the business conducted by the registrant:

Legal research & consulting

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:

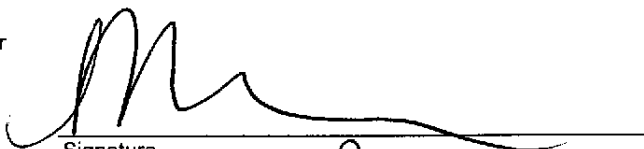
Name Ann Reilly Address 876 Sea Dune Lane, 34145
 Margaret Robinson 11331 Grooms Rd., 45242

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
 Margaret Robinson
 Print Name

4/11/10
 Date

Signature

Date

Print Name