DOC ID ----> 202126004058

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 09/20/2021 | 202126004058 | FICTITIOUS NAME REGISTRATION (NFO) | 39.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

FRED MIDDLETON ESQ LLC
3139 MORLEY
OH - CLEVELAND, OH 44122

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose

**4746208**

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

**SKILLS PROPERTY MANAGEMENT, LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **FICTITIOUS NAME REGISTRATION** | **202126004058** |

**Effective Date: 09/17/2021**

ALAIN NGUINJOL
4417 SO MULLEN AVENUE
LOS ANGELES, CA 90043

Expiration Date: 09/17/2026

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 20th day of September, A.D. 2021.

**Ohio Secretary of State**

DOC ID ----> 202126004058

Form 534A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 9/17/2021

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**

☐ Trade Name (167-RNO) Date of first use: _____ MM/DD/YYYY

☑ Fictitious Name (169-NFO)

Skills Property Management, LLC

Name being Registered or Reported

ALAIN NGUINJOL

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:

Real Estate Business

Business address:

4417 SO MULLEN AVENUE

Mailing Address

LOS ANGELES

City

CA

State

90043

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.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

FRED D MIDDLETON
Signature

FRED D MIDDLETON
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.

DOC ID ----> 202126004058

Frank LaRose
Secretar% 06 State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov I business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

# Filing Form Cover Letter

## Please return the approval certificate to:

Name (Individual or Business Name):

attorney Fred d Middleton

To the Attention of (ifnecessary):

| | | | |
|---|---|---|---|
| Address: | 3139 Morley Rd | | |
| City: | Cleveland | | |
| State | Ohio | ZIP Code: | 44122 |
| Phone Number: | 2165668000 | E-mail Address: | flega1124@gmail.com |

Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

---

Please make checks or money orders payable to: "Ohio Secretary of State"

## Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW)

X Regular Service: Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

Expedite Service 1: By including an Expedite fee of $100.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

Expedite Service 2: By including an Expedite fee of $200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

Expedite Service 3: By including an Expedite fee of $300.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

DOC ID ----> 202126004058

Preclearance Filing: A filing form, to be submitted ata later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.

Form 534A Prescribed by:

Toll Free: 877.767.3453

Central Ohio: 614.466.3910

Secretnr%06 State | Frank LaRose OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

For screen readers. follow instructions located at this path.

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

# Name Registration

## Filing Fee: $39

### Form Must Be Typed

CHECK ONLY ONE (1) Box

| Trade Name use: (167-RNO) | Date of first MM/DD/YYYY | Fictitious Name (169-NFO) |
|---|---|---|

SKILLS PROPERTY MANAGEMENT, LLC

Name being Registered or Reported

ALIAN G. NGUINJOL

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:

REAL ESTATE BUISNESS

Business address:

4417 so Mullen Avenue, Los Angeles CA 90043

Mailing Address

3139 Morley Rd.

City

Ohio

State

44122

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. If authorized representative (if applicable) is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Signature

21

By

Print Name

Fred D. Middleton

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.