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|------------|--------------|-------------------------------|--------|-------|------|------|
| 01/20/2026 | 202601605316 | TRADE NAME REGISTRATION (RNO) | 39.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

TRAINING SHOPS LLC  
820 MORRISON ROAD  
GAHANA, OH 43230

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**5538653**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SHELLZ PROPERTY PARTNERS**

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

Document(s)

**TRADE NAME REGISTRATION**

Effective Date: 01/16/2026

Document No(s):

**202601605316**



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 January, A.D. 2026.

**Ohio Secretary of State**

Form 534A Prescribed by:



Date Electronically Filed: 1/16/2026

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Name Registration

**Filing Fee: \$39****Form Must Be Typed****CHECK ONLY ONE (1) Box**Trade Name  
(167-RNO)

Date of first use:

1/15/2026

MM/DD/YYYY

Fictitious Name  
(169-NFO)

Shellz Property Partners

Name being Registered or Reported

LEASING TEMPORARIES LLC

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): 4547145

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Recruiting and Training Services

Business address:

820 MORRISON ROAD

Mailing Address

COLUMBUS

City

OH

State

43230

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.

TRAINING SHOPS LLC

Signature

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

SHELLY PATRICE GRAY

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.