



| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|------------|--------------|------------------------------------|--------|-------|------|------|
| 06/02/2025 | 202515304036 | FICTITIOUS NAME REGISTRATION (NFO) | 39.00 | 0.00 | 0.00 | 0.00 |

Receipt

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

NICK MARTIN
8605 SANTA MONICA BLVD,
PMB 52465
WEST HOLLYWOOD, CA 90069

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
5418366**

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

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

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 06/02/2025

Document No(s):

202515304036



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
2nd day of June, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 6/2/2025

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

| | | |
|--|---|--|
| <input type="checkbox"/> Trade Name (167-RNO) | Date of first use: <input type="text"/> MM/DD/YYYY | <input checked="" type="checkbox"/> Fictitious Name (169-NFO) |
|--|---|--|

| |
|--|
| <input type="text" value="TrueComp"/> Name being Registered or Reported |
| <input type="text" value="GOVINVEST INC."/> 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:

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.

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.