

DATE: 10/12/2007

DOCUMENT ID 200728501026

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## Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

## STATE OF OHIO

## CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1732794

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

WESTERVILLE LIONS CLUB, INC.

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/NON-PROFIT

200728501026



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 11th day of October, A.D. 2007.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

Expedi	te this Form: (Beleat Gree)
O Yes	PO Box 1390
	Columbus, OH 43216
Requ	aires an additional fee of \$100 ***
● No	PO Boxe070
	Columbus, OH 43236

## **INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Nonprofit)

	Filing Fee \$		
	rining ree a	125.00	
			P.
			:
THE UNDERSIGNED HEREBY	12 T		
THE UNDERSIGNED MERED	STATES THE POLLOWING.		그 설 열
(CHECK ONLY ONE (1) BOX	) .		131
(1) Articles of Incorporation	(2) MArticles of Incorporation	(3) Articles of Incorporation	on Professional
Profit	Nonprofit	(170-ARP)	
(113-ARF)	(114-ARN)	Profession	
ORC 1701	ORC 1702	ORC 1785	
Complete the second information			
Complete the general information	on in this section for the box checked		
FIRST: Name of Corporati	ion WESTERVILL	FRANKLIN	Inc.
	. /		
SECOND: Location $oldsymbol{b}$	NESTERVILLE	TRANKLIN	. <b>i</b>
•	(City)	(County)	
Effective Date (Optional)		an be no more than 90 days after date o a date on or after the date of filing.	ffiling. If a date is specified,
			i
Check here if additional pr	rovisions are attached		
	ale Mile and Mile and Mile and a second of the second of t	this continue to antique if they fell be ab	inches
	tion if box (2) or (3) is checked. Completin	g this section is optional if box (1) is ch	ecked.
	tion If box (2) or (3) is checked. Completin corporation is formed	g this section is optional if box (1) is ch	ecked.
HIRD: Purpose for which	corporation is formed		
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Completing the information in this section is optional

	names and addresses of the individuals  NIEBLING	who are to serve as initial D	irectors.
	98 BURBALK POTE: P.O. BOX Addresses at	Proce-	-
(Street)	NOTE: P.O. Box Addresses at		
WESTEREN	E OHIO (State)	43082 (20 Code)	_
(City)	(State)	(Zip Code)	
KER	ery Rosmson		-
(Name) 7 S			
(Street)	83 MILFUED AUG NOTE: P.O. Box Addresses at	NOT acceptable.	<del></del>
	_		
WESTERLINE	OHIO (State)	43082 (Zip Code)	=
(Name)	AIL WATT		<del></del>
12.	34 SMILEY CT NOTE: P.O. Box Addresses at		_
(Street)		_	
WESTERVILL	State)	43082	=
(City)	(State)	(Zip Code)	
representative (See Instructions)	Authorized Representative  Dow VLEBLING (print name)		Date 7
	Authorized Representative  KERRY ROS  (print name)	له و درما	/s/4/07 Date
	Authorized Representative  CRAIG- WA  (print name)		<i>Jo/4/07</i> Date

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Last Revised: May 2002

Complete the information	n in this section if box	(1) (2) or (3) is checke	d		
O	RIGINAL APP	OINTMENT (	OF STATUTOR		_
The undersigned, being hereby appoint the follo statute to be served up-	wing to be statutory as	ent upon whom any	process, notice or dema	and required or bemilitied by	ENCO
	C T Cor	poration System		_	
(Name)	1300	East 9th Street			1
(Street)	NOTE: P.O. Box	Addresses are NOT aco	eptable.	<del></del>	
	Cleveland	,Ohio	44114	_	
(City)	1	$\overline{}$	(Zip Code)	_	
Must be authenticated l authorized representati		epresentative	int &	10/4/07 Date	
	Authorized R	presentative		/s/4/07 Date	
	Authorized	L. Vatt			
	,	ACCEPTANCE OF A	PPOINTMENT		
The Undersigned,		T Corporal	ion System	, named herein as the	
Statutory agent for,	uves	tenille L	ions Club	TOTAL DI AVAIR	
, hereby acknowledges	and accepts the appoint	Swel 3	gent for said entity.	Safañ B. Ayala Assistant Secretary	:
	• •	(Statuto	ry Agent)	ATCorrectionS	sten

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