

DATE: 01/22/2008 DOCUMENT ID 200801801800

DESCRIPTION DOMESTIC ARTICLES/CHURCH (ARC)

125.00

PENALTY

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

DINSMORE & SHOHL 175 S. THIRD ST., SUITE 1000 COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1752518

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

NEW LIFE PENTECOSTAL CHURCH

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

Document(s)

DOMESTIC ARTICLES/CHURCH

Document No(s):

200801801800



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 15th day of January, A.D. 2008.

Ohio Secretary of State



Prescribed by:

The 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

| Expedite this Form: (Select One) | | | | | |
|----------------------------------|---------------------------------------|--|--|--|--|
| Mail Fo | rm to one of the Following: | | | | |
| O Yes | PO Box 1390 | | | | |
| O res | Columbus, OH 43216 | | | | |
| *** Rec | quires an additional fee of \$100 *** | | | | |
| <u> </u> | PO Box 670 | | | | |
| O No | Columbus OH 42246 | | | | |

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit) Filing Fee \$125.00

| (1) ☐ Articl Profit | | (2) Articles of Inc | corporation | (3) Articles of Incorporation (170-ARP) | Professional | |
|------------------------|-------------------------------------------------------------------|------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| (113-ARF) | | (114-ARN) | | Profession | | |
| ı | ORC 1701 | ORC | 1702 | ORC 1785 | | |
| Complete th | he general information | on in this section for t | the box checked | i above. | | |
| FIRST: | Name of Corporal | | e Pentecostal (| | | |
| SECOND: | Location | Newark | | Licking | | |
| | | (City) | - | (County) | 5. | <u></u> €-2 |
| Effective Da | ate (Optional) | (mm/dd/yyyy) | | an be no more than 90 days after date of t | filing. If a date | |
| | | (111111 Car) 13397 | | | | |
| □ Chack t | hara if additional n | rovicione are attack | had | | | |
| Check t | here if additional p | rovisions are attach | hed | | and the second s | Tr. |
| Check t | here if additional p | rovisions are attach | hed | | | |
| Complete the | e information in this se | ction if box (2) or (3) is c | hecked. Completi | ing this section is optional if box (1) is ch | ecked. | |
| Complete the | e information in this se | | hecked. Completi | ing this section is optional if box (1) is ch | ecked. | 55 13 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | ing this section is optional if box (1) is ch r religious and charitable purposes. | ecked. | 15 PH 22 1 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | | ecked. | 15 PH 22 1 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | | ecked. | 15 PH 22 1 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | | ecked. | 15 PH 22 1 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | | ecked. | 15 PH 22 1 |
| Complete the | e information in this se Purpose for which | ction if box (2) or (3) is c corporation is forme | hecked. Completi | | ecked. | 15 PH 22 1 |
| Complete the THIRD: | e information in this se Purpose for which New Life Penteco | ction if box (2) or (3) is c corporation is forme | checked. Complete | | ecked. | 15 FH 22 1 |

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Last Revised: May 2002

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| r i n: | The following are the | Directors. | | | |
|--------|-----------------------|--------------------------------|-----------------------------|----------------|------|
| | (Name) | | | | _ |
| | (Street) | _ | | | |
| | (Сіту) | | (State) | (Zip Code) | |
| | (Name) | | | | _ |
| | (Street) | NOT | E: P.O. Box Addresses are N | OT acceptable. | _ |
| | (City) | | (State) | (Zip Code) | _ |
| | (Name) | NOT | E: P.O. Box Addresses are N | OT acceptable | |
| | (City) | | (State) | (Zip Code) | _ |
| | | | | | |
| | | Jacob D. Foulk (Print Name) | | | |
| | | Authorized Rep | resentative | | Date |
| | | | | | |
| | | (Print Name) | | | |
| | | (Print Name) | | | |
| | | | | | Pata |
| | | Authorized Rep | resentative | | Date |
| | | | resentative | | Date |

Page 2 of 3

Last Revised: May 2002

| Complete the information in th | is section if box (1) (2) or (3) is checked | i. | |
|---------------------------------------------------------|--------------------------------------------------------------------|----------------------|-------------------------|
| ORIGI | NAL APPOINTMENT O | F STATUTORY | AGENT |
| The undersigned heing at les | st a majority of the incorporators of | New Life Pentecostal | Church |
| | be statutory agent upon whom any p | | |
| | corporation may be served. The com- | | |
| · | • • | · | |
| Jacob D. Foulk | | | |
| (Name) 101 W. Shields Stree | s.t | | |
| (Street) | NOTE: P.O. Box Addresses are NOT acce | entable | |
| (Otroct) | MOTE. 1.0. DOX MAGICOSCO Gre Nov doc | | |
| Newark | ,Ohio | 43055 | |
| (City) | | (Zip Code) | |
| fust be authenticated by an uthorized representative | Authorized Representative | | 1/14/0 <i>g</i> Date |
| | Authorized Representative | | Date |
| | Authorized Representative | | Date |
| | ACCEPTANCE OF AF | POINTMENT | |
| he Undersigned, | Jacob D. Foulk | | , named herein as the |
| statutory agent for, hereby acknowledges and a | New Life Pentecostal Church ccepts the appointment of statutory ag | ent for said entity. | |
| | Signature: (Statutory | Agent) | |