



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/09/2008	200809901376	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

**Receipt**

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

ESLC  
408 COLE DR.  
JOHNSTOWN, OH 43031

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner**

**1771725**

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

**EMERALD SOCIETY OF LICKING COUNTY**

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

Document(s)

**DOMESTIC ARTICLES/NON-PROFIT**

Document No(s):

**200809901376**



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 4th day of April, A.D.  
2008.

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

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390  
 Columbus, OH 43216  
 \*\*\* Requires an additional fee of \$100 \*\*\*  
☒ No PO Box 670  
 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

**RECEIVED****APR 04 2008**

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

SECRETARY OF STATE

**(CHECK ONLY ONE (1) BOX)**

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession ORC 1785
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Complete the general information in this section for the box checked above.

**FIRST:** Name of Corporation Emerald Society of Licking County

**SECOND:** Location Newark Licking  
 (City) (County)

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
 (mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

**THIRD:** Purpose for which corporation is formed

In order to foster and promote Irish Heritage and culture in the fire, EMS, Law Enforcement, Corrections  
and Military Communities in Central Ohio. The Emerald Society is a social, fraternal, cultural,  
and charitable organization. The Society is open to all public safety persons who are  
of Irish descent and have an interest in fostering and furthering their heritage while serving those in need.

Complete the information in this section if box (1) or (3) is checked.

**FOURTH:** The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 0 n/a n/a  
 (No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

**Completing the information in this section is optional****FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

Matthew S. Mason

(Name)

408 Cole Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Johnstown

(City)

OH

(State)

43031

(Zip Code)

Robbie A. McMasters

(Name)

23985 Township Road 399

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Coshocton

(City)

OH

(State)

43812

(Zip Code)

Stephen C. Denty

(Name)

124 Timber Creek Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Alexandria

(City)

OH


(State)

43001

(Zip Code)

**REQUIRED**Must be authenticated  
(signed) by an authorized  
representative

(See Instructions)




Authorized Representative

Matthew S. Mason

(print name)

04/03/2008

Date



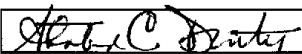
Authorized Representative

Robbie A. McMasters

(print name)

04/03/2008

Date



Authorized Representative

Stephen C. Denty

(print name)

04/03/2008

Date

Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Emerald Society of Licking County  
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by  
statute to be served upon the corporation may be served. The complete address of the agent is

Matthew S. Mason

(Name)

408 Cole Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Johnstown

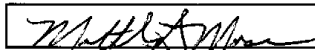
.Ohio

43031

(City)

(Zip Code)

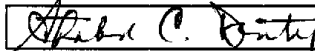
Must be authenticated by an  
authorized representative

  
Authorized Representative

04/03/2008  
Date

  
Authorized Representative

04/03/2008  
Date

  
Authorized Representative

04/03/2008  
Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned,

Matthew S. Mason

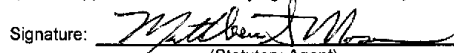
, named herein as the

Statutory agent for,

Emerald Society of Licking County

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:

  
(Statutory Agent)