

DATE: 09/23/2008 DOCUMENT ID 200826602136

DESCRIPTION DOMESTIC ARTICLES/NON-PROFIT (ARN) FILING

EXPED

PENALTY

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Receipt

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

COMMITTED TO CARE INC. 260 NORTHLAND BLVD, STE 126 CINCINNATI, OH 45246

## STATE OF OHIO

## CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1807640

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

## THE RILEY MOORE HOUSE OF RESTORATION

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

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200826602136



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 1st day of October, 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)

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Columbus, OH 43216
Requires an additional fee of \$100 \*\*\*

PO Box 670

**⊙** №

## **INITIAL ARTICLES OF INCORPORATION**

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



THE LINIE	EDGICNED LIEDERY	CTATES THE COLLOWING		
	ONLY ONE (1) BOX)	STATES THE FOLLOWING:		
		(2) Articles of Incorporation	(2) Articles of Incompretion Ductassians	
Profit		(2)[✓]Articles of Incorporation Nonprofit	(3) Articles of Incorporation Professional	
	(113-ARF)	(114-ARN)	Profession	
	ORC 1701	ORC 1702	ORC 1785	
amplete	the general information	n in this section for the box checked	Labour	
IRST:			House of Restoration	
KSI.	Name of Corporation			
ECOND: Location		Cincinnati	<u>Hamilton</u>	
		(City)	(County)	
fective (	• • • • •		on be no more than 90 days after date of filing. If a date is speci a date on or after the date of filing.	ified,
<b>⊺</b> Check	here if additional pr	ovisions are attached		
	-	·		
			g this section is optional if box (1) is checked.	
		fon If bax (2) or (3) is checked. Completin corporation is formed	g this section is optional if box (1) is checked.	
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HRD:	Purpose for which HIV/AIDS, Soc	corporation is formed	g this section is optional if box (1) is checked.	
omplete	Purpose for which HIV/AIDS, Soc  the information in this The number of sha	corporation is formed cial Services  section if box (1) or (3) is checked.	g this section is optional if box (1) is checked.	
Omplete	Purpose for which HIV/AIDS, Soc	corporation is formed cial Services  section if box (1) or (3) is checked.  res which the corporation is authorion resulted in any 0	zed to have outstanding (Please state if shares are	
omplete	Purpose for which HIV/AIDS, Soc  the information in this The number of sha	corporation is formed cial Services  section if box (1) or (3) is checked.	zed to have outstanding (Please state if shares are	

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Comple	ting the information in	this section is optional	T		
			l		
FIFTH:	The following are the	Directors.			
	Brenda L. Sims				
	762 Tivoli Lane				
	(Street)				
	Cincinnati	Ohio	45246		
	(City)	(State)	(Zip Code)		
	Naomi L. Sims				
	(Name)	lame)			
	3553 Twenty Mile Way  (Street) NOTE: P.O. Box Addresses are NOT acceptable.			_	
	Larraland	Ob:-	45140		
	Loveland (City)	Ohio	(Zip Code)	_	
	(Name)			_	
	(Street)	NOTE: P.O. Box Addresses are	NOT aggestable	_	
	Jonesty	NOTE. F.O. BOX Addresses are	тот ассерване.		
	(City)	(State)	. (Zip Code)	_	
		[Didici)	(2.1) 00000		
(signed represer	authenticated ) by an authorized	Authorized Representative Brenda Sims (print name)	- dans	9/18/08 Date	
		Authorized Representative  Naomi L. Sims (print name)	in	9/18/08 Date	
		Authorized Representative (print name)		Date	

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Complete the information in this section if box (1) (2) or (3) is checked.										
ORIGINAL APPOINTMENT OF STATUTORY A	GENT									
The undersigned, being at least a majority of the incorporators of The Riley Moore House of Restoration										
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										
Brenda L. Sims										
(Name) 260 Northland Blvd ~ Suite 126										
(Street) NOTE: P.O. Box Addresses are NOT acceptable.										
Cincinnati ,Ohio 45246										
(Cify) (Zip Code)										
Must be authenticated by an authorized representative  Authorized Representative	9/18/08 Date									
Marine J. Sirus  Authorized Representative	9/18/0 D									
Authorized Representative	Date									
ACCEPTANCE OF APPOINTMENT										
The Undersigned, Presta L.	, named herein as the									
Statutory agent for, The Riley Moore House of Restoration , hereby acknowledges and accepts the appointment of statutory agent for said entity.										
Signature: Standard Agent)										

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