



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/20/2003	200317000284	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

S.O.U.L. CDC
DONALD LOVE
3147 E 5TH AVE
COLUMBUS, OH 43219

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell**1395325**

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

GHANAIAN FRIENDSHIP ASSOCIATION (COLUMBUS)

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

Document(s)
DOMESTIC ARTICLES/NON-PROFIT

Document No(s):
200317000284



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 18th day of June, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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 Non-Profit)
Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)		
(1) ☐ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☒ Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785

Complete the general information in this section for the box checked above.	
FIRST: Name of Corporation	Ghanaian Friendship Association (Columbus)
SECOND: Location	Columbus (City) Franklin (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.
☐ 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	The Ghanaian Friendship Association (Columbus) is established as a non-profit, cultural, non-political and charitable organization. It shall foster cordial relations among all Ghanaians in Columbus. It shall play a healthy and meaningful role as worthy Ambassadors of Ghana.

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)	_____ (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.

Sylvester Adjei

(Name)

3708 Kimberly Parkway North

(Street)

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

Columbus

(City)

Ohio

(State)

43232

(Zip Code)

Joseph B. Osei-Sasu

(Name)

2378 Malka Court

(Street)

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

Columbus

(City)

Ohio

(State)

43232

(Zip Code)

EDWARD ASIEDU-SARPONG

(Name)

1538 CABORA LANE

(Street)

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

COL.

(City)

OHIO

(State)

43232

(Zip Code)

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Sylvester O. Adjei
Authorized Representative

6/15/03
Date

Sylvester Adjei
(Print Name)
3708 Kimberly Pkwy North
Columbus, OH 43232

Joseph B. Osei-Sasu
Authorized Representative

6/15/03
Date

Joseph B. Osei-Sasu
(Print Name)
2378 MALKA CT
Columbus, OH 43232

Edward Asiedu-Sarpong
Authorized Representative

6/15/03
Date

EDWARD ASIEDU-SARPONG
(Print Name)
1538 CABORA LANE
COL. OHIO 43232

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 Gahaganan Friendship Association hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by (Columbus) statute to be served upon the corporation may be served. The complete address of the agent is

KENNETH BARFOUR-AMORAO

(Name)

2900 SHILLING DR COLUMBUS

(Street)

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

COLUMBUS

(City)

Ohio

OHIO 43232

(Zip Code)

Must be authenticated by an authorized representative

[Signature]
Authorized Representative

6/15/03
Date

[Signature]
Authorized Representative

06/15/03
Date

Sylvester O. Adjei
Authorized Representative

6/15/03
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Statutory agent for,

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

Kenneth Barfour Amorao, named herein as the
Gahaganan Friendship Association (Columbus)

Signature:

[Signature]
(Statutory Agent)