



DATE.	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/25/2006	200629702330	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	00	00	00	.00

Receipt

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

EASTMAN & SMITH LTD. ATTORNEYS AT LAW
ONE SEAGATE, 24TH FLOOR
P.O. BOX 10032
TOLEDO, OH 43699

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1206069**

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

ALLIANCE ACADEMY OF CINCINNATI

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):

200629702330

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 23rd day of October, A.D.
2006.

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)

www.state.oh.us/sos

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 788
Columbus, OH 43216

CONTINUED EXISTENCE OF NON-PROFIT CORPORATION

(For Non-Profit Domestic or Foreign)

Filing Fee \$25.00

2006 OCT 23 PM 1:11

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Statement of Continued Existence (163-CCE)

(2) ☐ Verification of Foreign Non-Profit (173-FCE)

The corporation is still actively engaged in exercising its corporate privileges in Ohio

DO HEREBY STATE THE FOLLOWING:

Complete ALL of the general information in this section for the box checked above.

Name of Entity Alliance Academy of Cincinnati

Charter or License No.
of Entity

1206069

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

Principal Location

Cincinnati

(City)

Hamilton

(County)

Date of Incorporation

January 26, 2001

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

Date Qualified in Ohio

(Date)

Incorporated in the State of

Principal Location NOT
in Ohio

(Street)

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

(City)

(County)

(State)

(Zip Code)

Principal Location in Ohio

(Street)

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

(City)

(County)

Ohio

(State)

(Zip Code)

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

Has your principal location or
Business Address Changed
Since Last Filing?

☐ Yes☐ No

If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00

Name and Address of
Current Agent (if applicable)

(Name)

(Street)

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

(City)

(County)

Ohio

(State)

(Zip Code)

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

Name and Address of
Current Agent

Amy J. Borman

(Name)

(Agent must sign Acceptance of
Appointment if there is a different
agent on record)

c/o Eastman & Smith Ltd., One Seagate, 24th Floor

(Street)

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

Toledo

(City)

Lucas

(County)

Ohio

(State)

43604

(Zip Code)

ACCEPTANCE OF APPOINTMENT

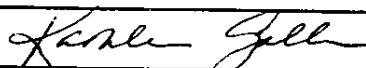
The Undersigned, _____, named herein as
the Statutory agent for, _____, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature: _____

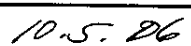
(Statutory Agent)

REQUIRED

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



Authorized Representative Kathleen Gallon



Date