DOC ID ----> 200833802032

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| 12/04/2008 | 200833802032 | DOMESTIC ARTICLES/NON-PROFIT (ARN) | 125.00 | .00 | .00 | .00 | .00 |

**Receipt**

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

WYNIT ORGANIZATION
144 LINDSAY AVE
TIFFIN, OH 44883

# STATE OF OHIO

## CERTIFICATE

### Ohio Secretary of State, Jennifer Brunner

**1821832**

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

**WYNIT ORGANIZATION**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC ARTICLES/NON-PROFIT** | **200833802032** |

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 2nd day of December, A.D. 2008.

Ohio Secretary of State

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**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<br>Columbus, OH 43216<br>*** Requires an additional fee of $100 *** |
| ● No | PO Box 670<br>Columbus, OH 43216 |

# INITIAL ARTICLES OF INCORPORATION

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

RECEIVED
DEC 02 2008
SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

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

| (1) ☐ Articles of Incorporation Profit | (2) ☑ Articles of Incorporation Nonprofit | (3) ☐ Articles of Incorporation Professional |
|---|---|---|
| (113-ARF) | (114-ARN) | (170-ARP) |
| ORC 1701 | ORC 1702 | Profession _____ ORC 1785 |

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

**FIRST:** Name of Corporation WYNIT ORGANIZATIONS

**SECOND:** Location TIFFIN *(City)* SENECA *(County)*

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***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

Help stabilize the lives of parents and children struggling with paying for court ordered visitation, evaluations, and for individual counseling through financial education and assistance.

***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)

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*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.

Judy A. Daus (Managing )
*(Name)*

144 Lindsay Ave.
*(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

Tiffin *(City)* OH *(State)* 44883 *(Zip Code)*

Barbara S. Aquilano (Dir.)
*(Name)*

144 Lindsay Ave.
*(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

Tiffin *(City)* OH *(State)* 44883 *(Zip Code)*

*(Name)*

*(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

*(City)* *(State)* *(Zip Code)*

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

Judy Daus
Authorized Representative — 11-13-08 Date

Judy Daus
(print name)
Judy Daus

Authorized Representative — Date

(print name)

Authorized Representative — Date

(print name)

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*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 WYNIT ORGANIZATIONS 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

Judy Daus
*(Name)*
144 Lindsay Ave.
*(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***
Tiffin , **Ohio** 44883
*(City)* *(Zip Code)*

| | | |
|---|---|---|
| Must be authenticated by an authorized representative | Judy Daus<br>Authorized Representative | 11/13/08<br>Date |
| | Authorized Representative | Date |
| | Authorized Representative | Date |

**ACCEPTANCE OF APPOINTMENT**

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

Signature: Judy Daus
(Statutory Agent)