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07/18/2011	201119900369	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

Receipt

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

DIANA HASKELL, TREASURER
ALPHA DELTA STATE
8726 REDCLOUD COURT
CINCINNATI, OH 45249-2317

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2034767

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

ALPHA DELTA STATE

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 07/14/2016

Document No(s):

201119900369

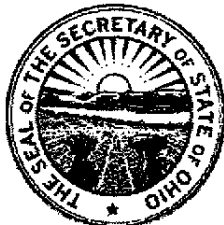
THE DELTA KAPPA GAMMA SOCIETY
INTERNATIONAL
8726 REDCLOUD CT
CINCINNATI, OH 45249



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 14th day of July, A.D.
2011.

Ohio Secretary of State



Form 534A Prescribed by the:
Ohio Secretary of State

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

NAME REGISTRATION Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO) Date of first use: _____	☒ Fictitious Name (169-NFO)
--	--

Name being registered or reported:

Alpha Delta State

Name of the Registrant:

The Delta Kappa Gamma Society International

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- | | |
|---|---|
| ☐ Individual | ☐ Unincorporated Association |
| ☐ Partnership
Registration # , if any _____ | ☐ Professional Association |
| ☐ Limited Partnership
Registration # _____

If foreign, Jurisdiction of Formation _____ | ☐ Other |
| ☐ Limited Liability Partnership
Registration # _____

If foreign, Jurisdiction of Formation _____ | |
| ☐ Limited Liability Company
Registration # _____

If foreign, Jurisdiction of Formation _____ | |
| ☒ Ohio Corporation
Charter # <u>494902</u> | |
| ☐ Foreign Corporation
Ohio license # _____

Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

8726 RedCloud Ct

Mailing Address

Cincinnati

City

OH

State

45249

Zip Code

The general nature of the business conducted by the registrant:

Professional organization of women
educators.**Complete the information in this section if registrant is a partnership not registered in Ohio**

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by the registrant or
an authorized
representative

Diana C. Hasrell

Signature

DIANA C. HASRELL

Print Name

July 12, 2011

Date

Signature

Date

Print Name