



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/24/2012	201205400630	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00		.00	.00

Receipt

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

FRIENDS OF HUBBARD COUNTY PUBLIC LIBRARY
380 PARKVIEW DR
HUBBARD, OH 44425

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2084472

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

FRIENDS OF THE HUBBARD PUBLIC LIBRARY

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

Document(s)
DOMESTIC ARTICLES/NON-PROFIT

Document No(s):
201205400630



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 17th day of February,
A.D. 2012.

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)

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
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

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 Nonprofit (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 Friends of the Hubbard Public Library

SECOND: Location Hubbard Trumbull
(City) (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.
(mm/dd/yyyy)

☐ 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

See attached statement.

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)

(Refer to instructions if needed) _____ (No. of Shares) _____ (Type) _____ (Par Value)

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.

Patricia A. Klinich

(Name)

550 Ruth Dr

(Street)

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

Hubbard

(City)

OH

(State)

44425

(Zip Code)

Charlotte A. Lanz

(Name)

51 Orchard Ave.

(Street)

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

Hubbard

(City)

OH

(State)

44425

(Zip Code)

Jacqueline A. Orlando

(Name)

380 Parkview Dr

(Street)

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

Hubbard

(City)

OH

(State)

44425

(Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
representative

(See Instructions)

Patricia A. Klinich

Authorized Representative

Patricia A. Klinich

(print name)

11/4/12

Date

Charlotte A. Lanz

Authorized Representative

Charlotte A. Lanz

(print name)

11/21/11

Date

Jacqueline A. Orlando

Authorized Representative

Jacqueline A. Orlando

(print name)

11/21/11

Date

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 Friends of the Hubbard Public Library 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

Jacqueline A. Orlando

(Name)

380 Parkview Dr

(Street)

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

Hubbard

(City)

Ohio

44425

(Zip Code)

Must be authenticated by an authorized representative

Patricia A. Kline

Authorized Representative

1/14/12

Date

Charlotte A. Long

Authorized Representative

11/21/11

Date

Jacqueline A. Orlando

Authorized Representative

11/21/11

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

JACQUELINE A. ORLANDO

, named herein as the

Statutory agent for,

Friends of the Hubbard Public Library

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

Signature:

Jacqueline A. Orlando

(Statutory Agent)

INITIAL ARTICLES OF INCORPORATION

FOR

FRIENDS OF THE HUBBARD PUBLIC LIBRARY

Attachment for Article Third:

To promote interest in and appreciation and use of the Hubbard Public Library;

To assist in maintaining, improving and adding to its resources, facilities and service;

To secure for the library works and items of cultural value and community benefit;

To foster the study and advancement of library science, and to aid qualified persons in securing an education therein;

To maintain an association of persons who are interested in these purposes;

To receive and, for these purposes exclusively, to hold, use, and make loans and donations from, bequests, devises, gifts, and other funds;

To engage in civic activities for the betterment of the library;

And to operate exclusively for charitable, educational, scientific, and religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended including, without limiting the foregoing, for the purposes of supporting, benefiting and carrying out the purposes of the Hubbard Public Library.