



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/16/2014	201416700656	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00	0.00

Receipt

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

MILITARY OUTREACH FOR SERVICE- INTERNAL REVENUE
JOHN GRAY
440 ROPER MOUNTAIN ROAD, STE E
GREENVILLE, SC 29615

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1855021

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

MILITARY OUTREACH FOR SERVICE - INTERNAL REVENUE SERVICE

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 06/13/2014

Document No(s):

201416700656



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
16th day of June, A.D. 2014.

Ohio Secretary of State



Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 788
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Statement of Continued Existence

Filing Fee: \$25

CHECK ONLY ONE (1) Box

 (1) ☒ Statement of Continued Existence (163-CCE)
 (Domestic Nonprofit Corporation)

 (2) ☐ Verification of Foreign Nonprofit (173-FCE)
 (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

 Name of Corporation **Military Outreach for Service - Internal Revenue Service**

 Charter or License Number **1855021**

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

 Location of Principal Office **Leetonia**

City

OH

County

 Date of Incorporation **06/01/2009**

Date

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

Date of Qualification in Ohio

Date

Jurisdiction of Formation

Jurisdiction

Location of Office NOT in Ohio

Mailing Address

City

State

Zip Code

Location of Office IN Ohio

Mailing Address

City

Ohio

State

Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

Allen L. Lichtenwalner

Name of Agent

40949 State Route 558

Mailing Address

Leetonia

City

Ohio

State

44431

Zip Code

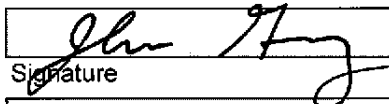
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

By (if applicable)

John Gray

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name