



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/25/2015	201523602842	NONPROFIT - 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.

LAKOTA FAMILY YMCA
ATTN J F SCHALLER, CEO
6703 YANKEE RD
MIDDLETOWN, OH 45044

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

709861

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

THE LAKOTA FAMILY YMCA

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 08/24/2015

Document No(s):

201523602842



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
25th day of August, A.D. 2015.

Ohio Secretary of State



Form 522 Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-767-3453)
 Central Ohio: (614) 486-3910

 www.OhioSecretaryofState.gov
 busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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-FCS)
 (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 **Lakota Family YMCA**Charter or License Number **709861**

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

Location of Principal Office **6703 Yankee Road**

City

USA

County

Date of Incorporation **9/28/1987**

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

State

Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

John F Schaller

Name of Agent

7128 Maple Creek Drive

Mailing Address

Middletown

City

Ohio

State

45044

Zip Code

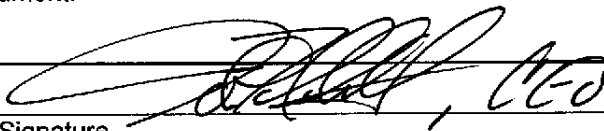
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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 F Schaller, Chief Executive Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name