DOC ID ----> 201804400008

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2018	201804400008	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

MICAH DAVID COLLINS
P. O. BOX 622
YELLOW SPRINGS, OH, 45387

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2200123

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

HASHLAMAH PROJECT FOUNDATION

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**201804400008**
Effective Date: 02/13/2018	

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 13th day of February, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201804400008

Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 2/13/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Statement of Continued Existence
Filing Fee: $25
Form Must Be Typed

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: HASHLAMAH PROJECT FOUNDATION

Charter or License Number: 2200123

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

Location of Principal Office: YELLOW SPRINGS (City) GREENE (County)

Date of Incorporation: 05/16/2013 (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

UNITED STATES CORPORATION AGENTS, INC.
Name of Agent

3250 WEST MARKET STREET
Mailing Address

FAIRLAWN	OH	44333
City	State	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.

HASHLAMAH PROJECT FOUNDATION
Signature

MICAH DAVID COLLINS
By (if applicable)

Print Name

HASHLAMAH PROJECT FOUNDATION
Signature

SHANTE CATHERINE WELCH
By (if applicable)

Print Name

HASHLAMAH PROJECT FOUNDATION
Signature

PATRICIA CAVENDISH
By (if applicable)

Print Name