



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/24/2018	201808300700	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**COLONEL J. CAMPBELL POST 3538 VETERANS OF FOREIGN
WARS**

157 LOWELLVILLE RD

STRUTHERS, OH, 44471

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

189692

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
COLONEL LOUIS J. CAMPBELL POST NO. 3538 VETERANS OF FOREIGN WARS OF THE
and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 03/24/2018

Document No(s):

201808300700



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 24th day of March, A.D. 2018.

Ohio Secretary of State

Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State



Date Electronically Filed: 3/24/2018

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 COLONEL LOUIS J. CAMPBELL POST NO. 3538 VETERANS OF FOREIGN WARS OF THE

Charter or License Number 189692

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

Location of Principal Office STRUTHERS

City

MAHONING

County

Date of Incorporation

05/19/1945

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

JAMES DILL

Name of Agent

149 CREED ST

Mailing Address

STRUTHERS

City

OH

State

44471

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.

JAMES DAVID DILL

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name