



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/13/2019	201912801242	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**CENTRAL OHIO ORGANIZATION OF PUBLIC PURCHASERS
PO BOX 2122
COLUMBUS, OH, 43216**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose
1125600**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CENTRAL OHIO ORGANIZATION OF PUBLIC PURCHASERS (CO-OPP)
and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**Effective Date: 05/13/2019**

Document No(s):

201912801242

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 May, A.D. 2019.


Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 5/13/2019

OFFICE OF THE
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.govFile online or for more information: www.OHBusinessCentral.com**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 CENTRAL OHIO ORGANIZATION OF PUBLIC PURCHASERS (CO-OPP)

Charter or License Number 1125600

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

Location of Principal Office COLUMBUS

City

FRANKLIN

County

Date of Incorporation

01/03/2000

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

CAROL CLINGMAN

Name of Agent

2640 MINT ST. SW

Mailing Address

PATASKALA

City

OH

State

43062

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.

LORI BYRD

Signature

By (if applicable)

Print Name

KELLIE JOHNSON

Signature

By (if applicable)

Print Name

THOMAS PATTERSON

Signature

By (if applicable)

Print Name