DOC ID ----> 201930104132

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/28/2019	201930104132	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

BEAUMONT SCHOOL
3301 NORTH PARK BLVD
CLEVELAND HEIGHTS, OH, 44118

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

684144

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

BEAUMONT SCHOOL

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**201930104132**
Effective Date: 10/28/2019	

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 28th day of October, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201930104132

Form 522 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 10/28/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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: BEAUMONT SCHOOL

Charter or License Number: 684144

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

Location of Principal Office: CLEVELAND HEIGHTS (City) CUYAHOGA (County)

Date of Incorporation: 08/25/1986 (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

LISA ANDREANI
Name of Agent

3301 NORTH PARK BLVD.
Mailing Address

CLEVELAND HTS. | OH | 44118
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.

LISA ANDREANI
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name