DOC ID ----> 201933802152

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/06/2019	201933802152	DOMESTIC NONPROFIT CORP - ARTICLES (ARN)	99.00	0.00	0.00	0.00

Receipt

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

WILLIAM ROSS DEVER
PO BOX 1165
PORTSMOUTH, OH 45662

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4410348

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

THW FORCE, INC.

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

Document(s)	Document No(s):
DOMESTIC NONPROFIT CORP - ARTICLES	**201933802152**

Effective Date: 12/04/2019

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 6th day of December, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201933802152

Form 532B Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 12/4/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Initial Articles of Incorporation

(Nonprofit, Domestic Corporation)

Filing Fee: $99

(114-ARN)

Form Must Be Typed

First: Name of Corporation: THW FORCE, INC.

Second: Location of Principal Office in Ohio

PORTSMOUTH (City) OHIO (State)

SCIOTO (County)

Optional: Effective Date (MM/DD/YYYY): 12/4/2019

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Third: Purpose for which corporation is formed

Vocational training & consulting

** Note: for Nonprofit Corporations: The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit corporation secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

** Note: ORC Chapter 1702 allows for additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

THW FORCE, INC.

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

TIMOTHY H. WOLFE

(Name of Statutory Agent)

816 4TH STREET, 2ND FLOOR

(Mailing Address)

PORTSMOUTH | OH | 45662

(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Must be signed by the incorporators or a majority of the incorporators.

TIMOTHY H. WOLFE

(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned, TIMOTHY H. WOLFE , named herein as the

(Name of Statutory Agent)

Statutory agent for THW FORCE, INC.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature TIMOTHY H. WOLFE

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

TIMOTHY H. WOLFE
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name