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|------------|--------------|---------------------------------------------------|--------|-------|---------|------|------|
| 07/08/2020 | 202019003272 | BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (20A) | 25.00  |       |         |      | 0    |

**Receipt**

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

**JOHN J. KELLEY CO., L.P.A.**  
**P.O. BOX 40089**  
**BAY VILLAGE, OH, 44140 0089**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**1342347**

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

**JOHN J. KELLEY CO., L.P.A.**

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

Document(s)

**BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION**

**Effective Date: 07/08/2020**

Document No(s):

**202019003272**



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 8th day of July, A.D. 2020.

**Ohio Secretary of State**

Form 520 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

Date Electronically Filed: 7/8/2020

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Biennial Report**  
**(Domestic, Professional Association, Domestic or Foreign LLP)**  
**Filing Fee: \$25**  
**Form Must Be Typed**

**CHECK ONLY ONE (1) Box**

(1) ☒  Biennial Report  
of Professional  
Indicate Year Association (102-YRA)  
(even-numbered years)

List Profession

(2) ☐  Biennial Report  
of Limited Liability  
Indicate Year Partnership (103-YRL)  
(odd-numbered years)

If foreign limited liability  
partnership, provide  
jurisdiction of formation

Name of Entity

Charter or Registration Number

**Complete the information in this section if box (1) is checked****Shareholders of Professional Association**

Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name

Address

**Complete the applicable information in this section if box (2) is checked**

Address of the partnership's chief executive office:

Mailing Address

City

State

Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City

State

Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

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**

Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

Signature

By (if applicable)

Print Name

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.