DOC ID ----> 202204100412

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| 02/10/2022 | 202204100412 | NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE) | 25.00 | | | | 0 |

**Receipt**

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

**NAPOLEON AQUATIC CLUB**
**PO BOX 102**
**NAPOLEON, OH, 43545**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**1322398**

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

**NAPOLEON AQUATIC CLUB**

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

| Document(s) | Document No(s): |
|---|---|
| **NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE** | **202204100412** |
| **Effective Date: 02/10/2022** | |

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 10th day of February, A.D. 2022.

**Ohio Secretary of State**

DOC ID ----> 202204100412

Form 522 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 2/10/2022

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: NAPOLEON AQUATIC CLUB

Charter or License Number: 1322398

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

Location of Principal Office: NAPOLEON (City) HENRY (County)

Date of Incorporation: 06/05/2002 (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

JOHN H. HANNA
Name of Agent

822 OAKWOOD AVE.
Mailing Address

| NAPOLEON | OH | 43545 |
|---|---|---|
| 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.

AMY MORMAN
Signature

By (if applicable)

Print Name

ANDREA HOFFMAN
Signature

By (if applicable)

Print Name

BROOKE HENRY
Signature

By (if applicable)

Print Name