



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/16/2022	202225900452	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00

Receipt

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

SHAW JCC AKRON
750 WHITE POND DRIVE
AKRON, OH 44320

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
111884

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
JEWISH COMMUNITY CENTER OF AKRON

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 09/15/2022

Document No(s):

202225900452



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
16th day of September, A.D. 2022.

Ohio Secretary of State

Form 522 Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 788

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1390

Columbus, OH 43216

For screen readers, follow instructions located at this path.

Statement of Continued Existence**Filing Fee: \$25****Form Must Be Typed**

2022 SEP 15 AM 11:03

CHECK ONLY ONE (1) Box(1) ☒ Statement of Continued Existence (163-CCE)
(Domestic Nonprofit Corporation)(2) ☐ Verification of Foreign Nonprofit (173-CCE)
(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 Charter or License Number **Complete the information in this section if box (1) is checked**Location of Principal Office

City

County

Date of Incorporation

Date

Complete the information in this section if box (2) is checkedDate of Qualification in Ohio

Date

Jurisdiction of Formation

Jurisdiction

Address of Principal Office

Mailing Address

City
State
Zip Code

All Corporations must complete this section**Current Statutory Agent's Name and Address**

B. & McD., Inc.

Name of Agent

388 S. Main St., Suite 500

Mailing Address

Akron

City

Ohio

State

44311

Zip Code

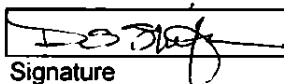
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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.



Signature

President Shaw JCC Board of Directors

By (if applicable)

Denra J Shifren

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name