



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/03/2023	202330602980	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.

HOME BUILDERS ASSOCIATION OF DAYTON AND THE MIAMI VALLEY
ATTN: EXECUTIVE DIRECTOR
33 GREENWOOD LANE
SPRINGBORO, OH 45066

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
184132

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
HOME BUILDERS ASSOCIATION OF DAYTON AND THE MIAMI VALLEY

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 11/02/2023

Document No(s):

202330602980



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
3rd day of November, A.D. 2023.

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.

RECEIVED**Statement of Continued Existence**

SEP 25 2023

Filing Fee: \$25**Form Must Be Typed****SECRETARY OF STATE****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 active
engaged in exercising its corporate privileges

Name of Corporation **Home Builders Association of Dayton and the Miami Valley**Charter or License Number **184132****Complete the information in this section if box (1) is checked**Location of Principal Office **Springboro**

City

Warren

County

Date of Incorporation

06/03/1942

Date

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

Date 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**

John Morris

Name of Agent

33 Greenwood Lane, Suite B

Mailing Address

Springboro

City

Ohio

State

45066

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

9/20/23

John Morris, Executive Director

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name