



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/27/2023	202336100552	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.

DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
VIRGINIA L. KOCH
1643 STONE GLEN DRIVE
LANCASTER, OH 43130-8067

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
494902

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL (OHIO ORGANIZATION)

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 12/22/2023

Document No(s):

202336100552



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
27th day of December, A.D. 2023.

Ohio Secretary of State

Form 522 Prescribed by:



Toll Free: 877.787.3453

Central Ohio: 614.466.3910

OhioSoS.govbusiness@OhioSoS.govFile 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**

CEC 22 PM 2

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 **The Delta Kappa Gamma Society International (OHIO ORGANIZATION)**Charter or License Number **494902****Complete the information in this section if box (1) is checked**

Location of Principal Office

Columbus

City

Franklin

County

Date of Incorporation

3/15/1977

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**

Virginia L. Koch

Name of Agent

1643 Stone Glen Drive

Mailing Address

Lancaster

City

Ohio

State

43130-8067

Zip Code

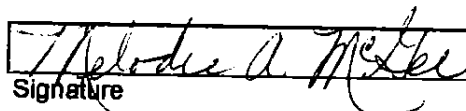
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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.



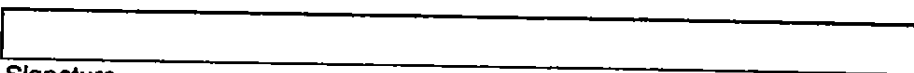
Signature

President, Delta Kappa Gamma Society Ohio Org.

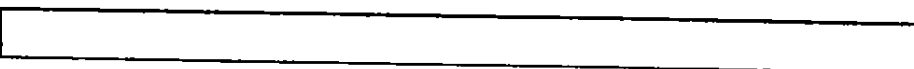
By (if applicable)

Melodie A. McGee

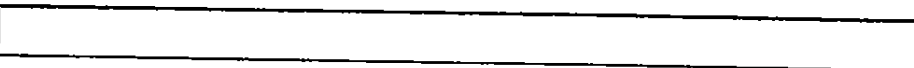
Print Name



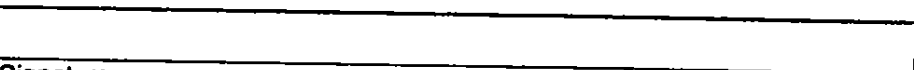
Signature



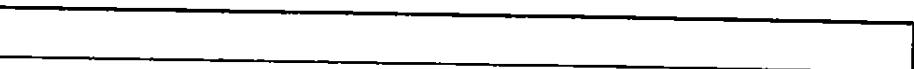
By (if applicable)



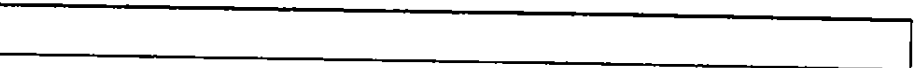
Print Name



Signature



By (if applicable)



Print Name