



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/20/2024	202408002866	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.

AMARANTH GRAND CHAPTER O.E.S. STATE....
ATTN: SHELIA J. FRANCIS
50 HAMILTON PARK, BOX B
COLUMBUS, OH 43203

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
119194

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AMARANTH GRAND CHAPTER O.E.S. STATE OF OHIO AND JURISDICTION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 03/20/2024

Document No(s):

202408002866



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
20th day of March, A.D. 2024.

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

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216Expedite Filing (Two business day processing time.
Requires an additional \$100.00)P.O. Box 1390
Columbus, OH 43216**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 Amavanta GRAND Chapter, IncCharter or License Number 119194**Complete the information in this section if box (1) is checked**Location of Principal Office ColumbusCity Dec 4,Franklin

County

Date of Incorporation 1925

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

Shelia J. Francis

Name of Agent

50 Hamilton Park, Box B

Mailing Address

Columbus

City

Ohio

State

43203

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.

Shelia J. Francis

Signature

By (if applicable)

Shelia J. Francis

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name