



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/01/2024	202409201860	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**PATRICIA FOLDS
4600 CARNEGIE AVENUE
SUITE C
CLEVELAND, OH, 44103**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose
4323053**

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

FAMILY FIRST CHILDCARE CENTER

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 04/01/2024

Document No(s):

202409201860



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 1st day of April, A.D. 2024.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 4/1/2024



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile 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 FAMILY FIRST CHILDCARE CENTER

Charter or License Number 4323053

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

Location of Principal Office CLEVELAND
City

CUYAHOGA
County

Date of Incorporation 04/16/2019
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

ATTORNEY IVAN G. HAGGINS

Name of Agent

2231 N. TAYLOR ROAD

Mailing Address

CLEVELAND HTS.

City

OH

State

44112

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.

FAMILY FIRST CHILDCARE CENTER

Signature

MICHELE CLARK

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name