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| 06/12/2024 | 202416404730 | NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE) | 25.00  |       |         |      | 0    |

**Receipt**

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

**HARRINGTON, HOPPE & MITCHELL, LTD.**  
**2235 E. PERSHING STREET, SUITE A**  
**SALEM, OH, 44460**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**2329908**

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

**YOUTH INTENSIVE SERVICES INC**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 06/12/2024**

Document No(s):

**202416404730**



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 12th day of June, A.D. 2024.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 6/12/2024



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://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 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 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

DEWAYNE THOMPSON

Name of Agent

238 S. MERIDIAN RD

Mailing Address

YOUNGSTOWN

City

OH

State

44509

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.

DEWAYNE THOMPSON

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name