DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/10/2025	202501003986	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

KAMAN AND CUSIMANO LLC
8101 NORTH HIGH STREET, SUITE 370
COLUMBUS, OH, 43235

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

527362

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

CARLTON HOUSE CONDOMINIUM UNIT OWNERS ASSOCIATION OF CUYAHOGA COUNTY

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**202501003986**

Effective Date: 01/10/2025

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 10th day of January, A.D. 2025.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 1/10/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File 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: CARLTON HOUSE CONDOMINIUM UNIT OWNERS ASSOCIATION OF CUYAHOGA COUNTY

Charter or License Number: 527362

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

Location of Principal Office: SHAKER HTS. (City) CUYAHOGA (County)

Date of Incorporation: 12/15/1978 (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

K&C SERVICE CORPORATION
Name of Agent

50 PUBLIC SQ., #2000
Mailing Address

CLEVELAND	OH	44113
City	State	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.

NANCY J CHISM
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name