

## INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

<b>(1)</b> <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	<b>(2)</b> <input type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<b>(3)</b> <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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**Complete the general information in this section for the box checked above.**

**FIRST:** Name of Corporation \_\_\_\_\_

**SECOND:** Location: \_\_\_\_\_ (City) \_\_\_\_\_ (County)

Effective Date (Optional) \_\_\_\_\_ (mm/dd/yyyy) Date specified can be no more than 90 days after date of filing. If a date is specified, The date must be a date on or after the date of filing.

☐ Check here if additional provisions are attached

**Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.**

**THIRD:** Purpose for which corporation is formed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete the information in this section if box (1) or (3) is checked.**

**FOURTH:** The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

_____	_____	_____
(No. of Shares)	(Type)	(Par Value)

(Refer to instructions if needed)

**Completing the information in this section is optional**

**FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

**NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

**NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

**NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**REQUIRED**

Must be authenticated  
(**signed**) by an authorized  
representative  
(**See Instructions**)

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Complete the information in this section if box (1) (2) or (3) is checked.

## ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of \_\_\_\_\_ hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

**NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_, Ohio  
(City)

\_\_\_\_\_  
(Zip Code)

Must be authenticated by an  
authorized representative

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

### ACCEPTANCE OF APPOINTMENT

The undersigned, \_\_\_\_\_, named herein as the

Statutory agent for, \_\_\_\_\_,  
hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: \_\_\_\_\_  
(Statutory Agent)