



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mall Form to one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION
(For Domestic Profit or Nonprofit)
Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Nonprofit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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(X) Articles of Incorporation – Cooperative ORC 1729

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation SE Ohio Aging and Disability Resource Network

SECOND: Location Marietta Washington
(City) (County)

Effective Date (Optional) 10/1/2011 *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.*
(mm/dd/yyyy)

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
To facilitate access to services regardless of age or disability

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) NONE _____
(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

Mindy Cayton
(print name)

Area Agency on Aging

9/15/2011

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

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 SE Ohio Aging and Disability Resource Net 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

Mindy Cayton

(Name)

1400 Pike Street

(Street)

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

Reno

(City)

Ohio

45773

(Zip Code)

Must be authenticated by an authorized representative

Authorized Representative

Date

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Mindy Cayton

, named herein as the

Statutory agent for,

SE Ohio Aging and Disability Resource Network

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

Signature: _____

(Statutory Agent)

SE Ohio Aging and Disability Resource Center, Cooperative
1400 Pike Street, Reno, 45773
Email: TBD

Articles of Incorporation

Supplemental Page

Additional Directors

Name TBD, Cooperative President, address TBD, Ohio, ZIP TBD, Tel: TBD

Additional Incorporators

Name TBD, Cooperative Vice President, address TBD, Ohio, ZIP TBD, Tel:
TBD

Name TBD, Cooperative Secretary/Treasurer, address TBD, Ohio, ZIP TBD,
Tel: TBD, Email: TBD

The number of directors shall be as specified in the bylaws

This coop will have no stock