



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/23/2023	202329602234	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

**Receipt**

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

**WARRIORS KARATE ACADEMY  
226 SOUTH JAMES ROAD  
COLUMBUS, OH, 43213**

**S T A T E O F O H I O  
C E R T I F I C A T E**

**Ohio Secretary of State, Frank LaRose  
2245598**

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

**WARRIORS KARATE ACADEMY, INC.**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 10/23/2023**

Document No(s):

**202329602234**



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 23rd day of October, A.D. 2023.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 10/23/2023



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

ELLIS LEON JENNINGS JR

Name of Agent

226 SOUTH JAMES ROAD

Mailing Address

COLUMBUS

City

OH

State

43213

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.

ELLIS LEON JENNINGS JR

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name