



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/03/2023	202321503272	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

**Receipt**

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

**SHORT NORTH ALLIANCE**  
**21 E. 5TH AVENUE**  
**SUITE 103**  
**COLUMBUS, OH, 43201**

**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**  
**2087904**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SHORT NORTH ALLIANCE, INC.**  
and, that said business records show the filing and recording of:

Document(s)  
**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**  
Effective Date: **08/03/2023**

Document No(s):  
**202321503272**



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 3rd day of August, A.D. 2023.

*Frank LaRose*  
**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 8/3/2023

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

BETSY A. PANDORA

Name of Agent

1181 MT. PLEASANT AVE.

Mailing Address

COLUMBUS

City

OH

State

43201

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.

SHORT NORTH ALLIANCE INC

Signature

BETSY PANDORA

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name