



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2022	202210402944	Verification of Foreign Nonprofit (FCE)	25.00				0

**Receipt**

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

**CRIBS FOR KIDS, INC.  
5450 SECOND AVENUE  
PITTSBURGH, PA, 15207**

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
4057558**

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

**CRIBS FOR KIDS, INC.**

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

Document(s)

**Verification of Foreign Nonprofit**

Document No(s):

**202210402944**

**Effective Date: 04/14/2022**



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 14th day of April, A.D. 2022.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 4/14/2022



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

URS AGENTS INC.

Name of Agent

4568 MAYFIELD ROAD, SUITE 204

Mailing Address

CLEVELAND

City

OH

State

44121

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.

NICOLE SMITH

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name