



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/26/2019	201936001580	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**COMMUNITY REFUGEE AND IMMIGRATION SERVICES
1925 E DUBLIN GRANVILLE RD, STE 102
COLUMBUS, OH, 43229**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

1036972

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

COMMUNITY REFUGEE AND IMMIGRATION SERVICES, INC.

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

Document(s)

Document No(s):

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

201936001580

Effective Date: 12/26/2019



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 26th day of December, A.D.
2019.



Ohio Secretary of State

Form 522 Prescribed by:



Date Electronically Filed: 12/26/2019

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: 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 checkedDate of Qualification in Ohio

Date

Jurisdiction of Formation

Jurisdiction

Location of Office NOT in Ohio

Mailing Address

 City State Zip CodeLocation of Office IN Ohio

Mailing Address

 City State Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

ANGELA K. PLUMMER

Name of Agent

1925 E DUBLIN-GRANVILLE RD

Mailing Address

COLUMBUS

City

OH

State

43229

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.

ANGELA K. PLUMMER

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name