



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/26/2026	202601403032	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0			0

Receipt

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

**ROBERT L MURPHY
2389 BROOKWOOD RD.
COLUMBUS, OH, 43209**

**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
2023421**

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

THE MASTERS PREPARATORY ACADEMY

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 01/26/2026

Document No(s):

202601403032



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 January, A.D. 2026.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 1/26/2026

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File 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 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

DR. ROBERT L. MURPHY

Name of Agent

2389 BROOKWOOD RD.

Mailing Address

COLUMBUS

City

OH

State

43209

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.

DR ROBERT L MURPHY

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name