



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/21/2025	202502104936	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

RYAN THOMAS
17901 LAKESHORE BLVD SUITE 2
CLEVELAND, OH, 44119

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4475140

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

PROJECT MILK MISSION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 01/21/2025

Document No(s):

202502104936



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 21st day of January, A.D. 2025.

Ohio Secretary of State

Form 522 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

Date Electronically Filed: 1/21/2025

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 PROJECT MILK MISSION

Charter or License Number 4475140

Complete the information in this section if box (1) is checked

Location of Principal Office AKRON

City

SUMMIT

County

Date of Incorporation

05/18/2020

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

GINA VANCANT

Name of Agent

1257 ROMAYNE DR

Mailing Address

AKRON

City

OH

State

44313

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.

GINA VANCANT

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name