



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/05/2025	202521604680	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00

**Receipt**

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

BIG BROTHERS BIG SISTERS OF CENTRAL OHIO  
1855 E DUBLIN-GRANVILLE ROAD 1ST FL  
COLUMBUS, OH 43229

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
176502

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

**BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, INC.**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

Effective Date: 08/04/2025

Document No(s):

**202521604680**



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  
5th day of August, A.D. 2025.

**Ohio Secretary of State**

DocuSign Envelope ID: 4FA06E26-6CF8-4EF5-97E1-B0B617594B05  
Form 522 Prescribed by:



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)

2025 AUG -4 PM 1:55

## 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-FN)  
(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 **BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, INC.**

Charter or License Number **176502**

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

Location of Principal Office **COLUMBUS**

City

**FRANKLIN**

County

Date of Incorporation

**05/08/1939**

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

DocuSign Envelope ID: 4FA06E26-6CF8-4EF5-97E1-B0B617594B05

**All Corporations must complete this section**

## Current Statutory Agent's Name and Address

ELIZABETH MARTINEZ

Name of Agent

1855 E DUBLIN-GRANVILLE ROAD

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.

ELIZABETH MARTINEZ

Signature

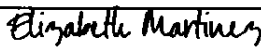
KATHERINE CARTER

By (if applicable)

Elizabeth Martinez

Print Name

Signed by:



Signature

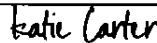
KATHERINE CARTER

By (if applicable)

KATHERINE CARTER

Print Name

Signed by:



Signature

By (if applicable)

Print Name