



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/07/2005	200509700780	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	100.00	.00	.00	.00

Receipt

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

E NEALY
5683 BARNEY LANE
COLUMBUS, OH 43235

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1531413

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

HELPING HANDS CENTER FOR SPECIAL NEEDS

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

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200509700780



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 April, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form is one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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2005 APR -5 PM 12:56

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Helping Hands Center for Special Needs

SECOND: Location Worthington Franklin
(City) (County)

Effective Date (Optional) 4/5/2005 Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Helping Hands Center for Special Needs will provide collaborative and integrated therapy services directly and supportively to individuals with disabilities and their families. This non-profit center and school will support the community by providing a means to address educational, developmental, behavioral, and emotional needs through a continuum of research based methods.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(No. of Shares)	(Type)	(Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Erin K. Nealy
(Name)
5683 Barney Lane
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Columbus Ohio 43235
(City) (State) (Zip Code)

Abigail S. David
(Name)
2852 Laura Place
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Lewiscenter OHIO 43035
(City) (State) (Zip Code)

Valerie E. Cook
(Name)
7501 Vista Lake Way
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Powell Ohio 43065
(City) (State) (Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
 representative
 (See Instructions)

Erin K. Nealy
 Authorized Representative
Erin K. Nealy
(print name)
5683 Barney Lane
Columbus, OH 43235

3/31/05
 Date

Abigail S. David
 Authorized Representative
Abigail S. David
(print name)
2852 Laura Place
Lewiscenter, OH 43035

3/31/05
 Date

Valerie E. Cook
 Authorized Representative
Valerie E. Cook
(print name)
7501 Vista Lake Way
Powell, OH 43065

3/31/05
 Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Helping Hands Center for special Needs hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Darren Nealy
(Name) Zeiger, Tigges, Little & Lindsmith
3500 Huntington Center, Suite 1600
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**
Columbus, Ohio 43215
(City) (Zip Code)

Must be authenticated by an authorized representative

Erin K. Nealy
Authorized Representative

3/31/05
Date

Abigail S. David
Authorized Representative

3/31/05
Date

Yolene E. Cook
Authorized Representative

3/31/05
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Darren Nealy, named herein as the

Statutory agent for, Helping Hands Center For Special Needs, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Darren Nealy
(Statutory Agent)