



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/02/2004	200424502924	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

BARRON PECK BENNIE & SCHLEMMER CO.,LPA
3074 MADISON ROAD
CINCINNATI, OH 45209

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1485640

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

GALION ALUMNI ASSOCIATION, INC.

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

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200424502924

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 August, A.D.
2004.

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 to one of the Following:	
<input 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

DJM
7-27-04

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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RECEIVED
AUG 26 2004
J. KENNETH BLACKWELL
SECRETARY OF STATE

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

FIRST: Name of Corporation GALION ALUMNI ASSOCIATION, INC.

SECOND: Location GALION CRAWFORD
(City) (County)

Effective Date (Optional) _____ 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

See attached.

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)

THIRD. The purposes for which this corporation is formed are:

- To maintain organized contact between alumni of the Galion City Schools, former faculty and staff, the current Galion City Schools and the Galion community;
- To provide social, educational and cultural opportunities for students, former students, faculty and friends of Galion Schools;
- To provide funds and services to the Galion City School District;
- To promote the good name, image and well being of the Galion City School District, its students, faculty and former students.
- To promote the interests of its membership, current students in the Galion City Schools and the Galion community;
- To develop and maintain the original Galion High School building as a means to accomplish the above.

To accomplish these purposes, the Corporation may engage in any lawful act or activity for which a nonprofit corporation may be formed under the Ohio Nonprofit Corporation Statute. These activities specifically include, but are not limited to, the holding of real estate interests, investment in and/or marketing the same, provided that these activities are in pursuit of these purposes and are completely consistent with the activities for which an Ohio nonprofit corporation may be formed.

No part of the net earnings of this Corporation shall inure to the benefit of any private individual or entity. No substantial part of the activities of this Corporation shall be for carrying on propaganda, or otherwise attempting to influence legislation, except as provided in the Internal Revenue Code of 1966, as amended, or corresponding provisions of any future United States Internal Revenue Service Code.

Notwithstanding anything contrary in these Articles of Incorporation, this Corporation will act in all ways so as to qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any future United States Internal Revenue Service Code including, for such purposes, the making of distributions to organizations which qualify as tax-exempt organizations under the Code.

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.

THOMAS N. PALMER
 (Name)
 140 W. CHURCH ST.
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.
 GALION OH 44833
 (City) (State) (Zip Code)

DR. B. M. MANSFIELD
 (Name)
 400 BUCKEYE
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.
 GALION OH 44833
 (City) (State) (Zip Code)

JERUSIA E WALKER
 (Name)
 704 CENTER ST.
 (Street) NOTE: P.O. Box Addresses are NOT acceptable.
 GALION OH 44833
 (City) (State) (Zip Code)

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

Thomas N. Palmer
 Authorized Representative

7/14/04
 Date

THOMAS N. PALMER
 (Print Name)

B Mansfield M.D.
 Authorized Representative

7/14/04
 Date

DR. B. M. MANSFIELD
 (Print Name)

Jerusha Erin Walker
 Authorized Representative

7/14/04
 Date

JERUSIA ERIN WALKER
 (Print Name)

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 GALION ALUMNI ASSOCIATION, INC. 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

THOMAS N. PALMER
(Name)
140 W. CHURCH ST.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
GALION, Ohio 44833
(City) (Zip Code)

Must be authenticated by an authorized representative

Thomas J. Duez
Authorized Representative

7/26/04
Date

Spencer E. Waldm
Authorized Representative

8/12/04
Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, THOMAS N. PALMER, named herein as the

Statutory agent for, GALION ALUMNI ASSOCIATION, INC., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Thomas N. Duez
(Statutory Agent)