

DATE: 03/26/2014

DOCUMENT ID DESCRIPTION
201408400979 DOMESTIC ARTICLES/NON-PROFIT (ARN)

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FAUVER, KEYSE-WALKER & DONOVAN BRETT D. WIEBER, ESQ. 5333 MEADOW LANE COURT **ELYRIA. OH 44035**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2280652

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

OLMSTED TRAVEL BASEBALL ASSOCIATION

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/NON-PROFIT

201408400979

Effective Date: 03/24/2014



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 March, A.D. 2014.

Ohio Secretary of State



Form 532B Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (787-3453)
www.OhioSecretaryo/State.gov
Busserv@OhioSecretaryo/State.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, CH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

Initial Articles of Incorporation

(Nonprofit, Domestic Corporation)
Filing Fee: \$125

		(114-ARN)		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
First:	Name of Corporation Otro	isted Travel Baseball Association		
Second:	Location of Principal office In Ohio	Olmsted Falls City Cuyahoga County	Ohio State	1: 2014 HAR 13
Effective Date (Optional)	the filing of the articles or on a later date specified that is not more than ninety days after filing)			3 PH 2: 01
Third:	Purpose for which corporation See attached	is formed		
**Note for No	nprofit Corporations: The Sec	etary of State does not grant tax exempt status.	Filing with our of	fice is n

Form 532B

purpose clause be provided.

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ensure that the nonprofit corporation secures the proper state and federal tax exemptions. These agencies may require that a

"Note: ORC Chapter 1702 allows for additional provisions to be included in the Articles of Incorporation that are filed with this

office. If including any of these additional provisions, please do so by including them in an attachment to this form.

Last Revised: 3/16/12

	ORIGINAL APPOINTMENT OF STATUTORY AGENT	
a undersigned he	peing at least a majority of the incorporators of Olmsted Travel Baseball Association	
reby appoint the fo	following to be statutory agent upon whom any process, notice or demand required or permit dupon the corporation may be served. The complete address of the agent is	itted by
FKWD Corpora	rate Services, Inc.	
Name		
5333 Meadow L	Lane Court	
Mailing Address	89	
Elyria	Ohio 44035	
City	State Zip Code	
ist be signed by the corporators or a sport of the corporators	the Signature	
	Signature	
	Signature	
	ACCEPTANCE OF APPOINTMENT	
e Undersigned,	FKWD Corporate Services, Inc. , named herein as th	æ
	Statutory Agent Name	
ohdov sasat for		
atulory agent for	Olmsted Travel Baseball Association	
	Climsted Travel Baseball Association Corporation Name	
	Olmsted Travel Baseball Association	
	Comporation Name ges and accepts the appointment of statutory agent for said corporation.	
reby acknowledge	Comporation Name ges and accepts the appointment of statutory agent for said corporation.	
atutory Agent Sig	Commendation Name Generation Name Iges and accepts the appointment of statutory agent for said corporation. Ignature Buttle	io reside:

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Last Revised: 3/16/12

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 Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

BALL	
Signature	
Authorized Representative	
Ву	
Brett D. Wieber	
Print Name	· · · ·
Signature	
Ву	
-•	
Print Name	
Slandum	
Signature	
Ву	
Print Name	

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Last Revised: 3/16/12

THIRD

This Corporation is organized exclusively for charitable purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under \$501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law). The charitable purposes of the Corporation further include developing, promoting and regulating the sport of baseball for youths under 18 years of age by teaching the ideals of good sportsmanship, baseball skills and honesty through the organization and operation of local, statewide and interstate competitions, promulgation of rules and otherwise generally encouraging the participation in and growth of the sport of youth baseball.

The Corporation shall have racially non-discriminatory policy and therefore, shall not discriminate against anyone on the basis of race, color or national or ethnic origin.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its Members, Directors, Officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the first paragraph above. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from Federal income tax under §501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding section of any future federal tax code); or (b) by a corporation, contributions to which are deductible under §170(c)(2) of the Internal Revenue Code of 1986 (or corresponding section of any future federal tax code).

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



Form 690 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryorState.gov
8usserv@OhioSecretaryorState.gov

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent Olmsted Travel Baseball Association							
Charter/Registration/License Nu	mber of Entity giving Consent 1751265						
Gives it Consent To	Olmsted Travel Baseball Association						
To Use The Name	Otmsted Travel Baseball Association						
By signing and submitting this for requisite authority to execute this	rm to the Ohio Secretary of State, the undersigned hereby cers document.	tifies that he or she has the					
REQUIRED Consent form must be signed by an authorized representative of the	Signature Signature						
consenting entitly.	Authorized Representative						
If authorized representative is an individual, then they must sign in the "signature"	By (if applicable)						
box and print their name	Brett D. Wieber						
In the "Print Name" box.	Print Name						
If authorized representative is a business entity, not an							
individual, then please print the business name in the	Signature						
"signature" box, an authorized representative	Signature						
of the business entity							
must sign in the "By" box and print their name in the "Print Name" box.	By (if applicable)						
	Print Name						
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