



Prescribed by:

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

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

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<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 Nonprofit)  
Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
--	--	---

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

FIRST: Name of Corporation The Cleveland Metropolitan Bar Association

SECOND: Location Cleveland Cuyahoga  
(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)

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.

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

REQUIRED

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

A. Larkin Chenault

Authorized Representative

D. Larkin Chenault

(print name)

02-29-2008

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

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 The Cleveland Metropolitan Bar Association 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

D. Larkin Chenault

(Name)

1301 East Ninth Street, Second Level

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Ohio

44114

(Zip Code)

Must be authenticated by an authorized representative

A. Larkin Chenault

Authorized Representative

02-29-2008

Date

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned,

D. Larkin Chenault

, named herein as the

Statutory agent for,

The Cleveland Metropolitan Bar Association

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: \_\_\_\_\_

A. Larkin Chenault

(Statutory Agent)