



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/29/2008	200836101134	DOMESTIC ARTICLES/CHURCH (ARC)	125.00	.00	.00	.00	.00

Receipt

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

CENTRAL OHIO ASSOCIATION OF CHRISTIAN BROADCASTERS, INC.
1282 N. MAIN STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1825951**

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

MY COMMUNITY CHURCH

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

Document(s)

DOMESTIC ARTICLES/CHURCH

Document No(s):

200836101134

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 1st day of January, A.D.
2009.

Ohio Secretary of State



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

Expedite this Form: (Select One)

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☒ 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
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2008 DEC 23 PM 3:14

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

FIRST: Name of Corporation My Community Church

SECOND: Location Marion Marion
(City) (County)

Effective Date (Optional) 01/01/2009 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

My Community Church is organized as a body of believers that spreads the Gospel of
Jesus Christ through Normal Church Functions as well as Internet, Radio, Television, and
Advanced Communication Technology It is in essence a Church without walls serving
persons that are Home-bound, in Hospitals, in Jails, in Prisons and in Nursing homes.

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.

David R. Aiken

(Name)

2400 Co Rd 61

(Street)

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

Edison

(City)

Ohio

(State)

43320

(Zip Code)

Carolyn R. Aiken

(Name)

2400 Co Rd 61

(Street)

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

Edison

(City)

Ohio

(State)

43320

(Zip Code)

Thelma Aiken

(Name)

755 Richmond Ave

(Street)

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

Marion

(City)

Ohio

(State)

43302

(Zip Code)

REQUIRED

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

David R. Aiken

Authorized Representative

David R. Aiken

(print name)

12-21-2008

Date

Carolyn R. Aiken

Authorized Representative

Carolyn R. Aiken

(print name)

12-21-2008

Date

Thelma L. Aiken

Authorized Representative

Thelma R. Aiken

(print name)

12-21-08

Date

Thelma L. Aiken

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 My Community Church
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

David R. Aiken

(Name)

2400 Co Rd 61

(Street)

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

Edison

Ohio

43320

(City)

(Zip Code)

Must be authenticated by an
authorized representative

David R. Aiken
Authorized Representative

12-21-2008
Date

Carolyn R Aiken
Authorized Representative

12-21-2008
Date

Thelma L. Aiken
Authorized Representative

12-21-08
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

David R. Aiken

, named herein as the

Statutory agent for,

My Community Church

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

Signature:

David R. Aiken

(Statutory Agent)