CORPORATION NOT FOR PROFIT

election of

APPROVED.

ARTICLES OF INCORPORATION

**CF** 

LAKE COUNTY VISITORS BUREAU, INC.

The undersigned, a majority of whom are citizens of the United States, desiring to form a corporation, not for profit, under Section 1702.01 et seq., Revised Code of Ohio, do hereby certify:

FIRST. The name of said corporation shall be LAKE COUNTY VISITORS BUREAU, INC.

SECOND. The place in Ohio where the principal office of the corporation is to be located is Painesville, Lake County.

THIRD. The purpose or purposes for which said corporation is formed are:

To encourage economic development of the county through the promotion of tourism.

To encourage through advertising, educational and informational means, and public relations, both within the state and outside it, of travel by persons away from their homes for pleasure, personal reasons, or other purposes.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

FOURTH. The following persons, not less than three, are to be the initial trustees of the corporation and shall serve said corporation as trustees until the first annual meeting or other meeting called to elect trustees. The incorporators, who are to serve said Corporation until the meeting to elect frustees, shall submit the names of nine Lake County-citizens who shall serve as trustees.

Joseph C. Lucko 7468 Chillicothe Road Mentor, Ohio 44060

David F. Gilmer
105 Main Street Bundt Sil

P.O. Box 490
Painesville, Ohio 44077

Mary Ann Rutherford 311 River Street Grand River, Ohio 44056

Clarence Bortz 2226 Chimney Ridge Drive Madison, Ohio



DATE 06/20/2017 DOCUMENT ID 201717101964

DESCRIPTION
REINSTATEMENT (REN)

FILING OVER PAYMENT 25.00 0.00

EXPED 0.00 0.00 0.00

Receipt

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

LAKE COUNTY VISITORS BUREAU, INC. ROBERT S. ROSPLOCK 4230 STATE ROUTE 306 #240 WILLOUGHBY, OH 44094

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
712529

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

LAKE COUNTY VISITORS BUREAU, INC.

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

Document(s)

REINSTATEMENT

Document No(s):

201717101964

Effective Date: 06/19/2017



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 20th day of June, A.D. 2017.

Gen Hastil
Ohio Secretary of State



Form 525R '.

Form 525B Prescribed by:

## Jon Husted Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-2453) Central Ohio: (614) 466-3910

www.CirioSecretaryolState.gov busserv@ObioSecretaryolState.gov

File online or for more information: www.Offilium

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Sox 789 Columbus, CH 43218

Espedits Filing (Russ bu

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P.O. Box 1300

Reinstatement

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX	* *****	g 1 ec. 423	
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(1) 🔀 Reinstatement of (for failure to file existence) (109-RENN)	f a Nonprofit Corporation a statement of continued	(2) Reinstatement of a Limited Liability Partner (for failure to file biennial report(s)) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNI REPORT(S) AND FILING FEE(S)  Cancellation Date The entity was canceled on	
THIS FO	(for failure to file t	a Professional Corporation biennial report(s))  BY ALL DELINQUENT BIENNIAL REPORT(S) AND	
Name of Entity Lake County	Visitors Bureau, Inc.		-
Charter/Registration Number	712529		P. C. Contraction of the Persons and Perso
By signing and submitting this for equisite authority to execute this	m to the Ohio Secretary of S	State, the undersigned hereby certifies that he or she has the	ne ]
REQUIRED  Reinstatement must  be signed by an authorized  epresentative. (see instructions  or specific information)	Signature  By (if applicable)	whent	ө өдінше бөре және байында ашылықты, терере қазықтарғы жаға
f authorized representative is an individual, then they nust sign in the "signature" nox and print their name on the "Print Name" box.	Ronald Richardson Print Name		Skilling of the same of the sa
f authorized representative is a business entity, not an individual, then please print the business name in the signature" box, an authorized representative	Signature		
	By (if applicable)		, and the second
of the business entity must sign the "By" box and print their name	Print Name		PROTPHARMAGING

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