



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/19/2023	202335301354	DOMESTIC NONPROFIT CORP - ARTICLES (ARN)	99.00	0.00	0.00	0.00

**Receipt**

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

JONATHAN DAVID WOODDELL  
140 PARANA DR  
NEWARK, OH 43055

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
5154460**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**NEWARK VOLLEYBALL ASSOCIATION**

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

Document(s)

**DOMESTIC NONPROFIT CORP - ARTICLES**

Effective Date: 12/19/2023

Document No(s):

**202335301354**



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  
19th day of December, A.D. 2023.

**Ohio Secretary of State**



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Initial Articles of Incorporation**  
**(Nonprofit, Domestic Corporation)**  
**Filing Fee: \$99**  
**(114-ARN)**  
**Form Must Be Typed**

**First:** Name of Corporation

**Second:** Location of Principal Office in Ohio

City

State

County

**Optional:** Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

**Third:** Purpose for which corporation is formed

This company's purpose is to responsibly provide an educational, safe, and low-cost environment to youth who may or may not be able to afford the financial costs associated with participating in competitive annual volleyball tournaments outside of their scholastic teams. To give back to their communities for donations received, student-athletes are required to participate in charitable and community services, maintain academic and behavioral standards, and refrain from alcohol and drug use.

\*\* Note: for Nonprofit Corporations: The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit corporation secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

\*\* 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. \*\*

## Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Newark Volleyball Association

(Name of Corporation)

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:

JONATHAN WOODDELL

(Name of Statutory Agent)

140 PARANA DR

(Mailing Address)

NEWARK

(Mailing City)

OH

(Mailing State)

43055

(Mailing ZIP Code)

Must be signed by  
the incorporators or  
a majority of the  
incorporators.

JONATHAN WOODDELL

(Signature)

PEBBLES THORNTON

(Signature)

BRIANNE CALDWELL

(Signature)

## Acceptance of Appointment

The Undersigned, JONATHAN WOODDELL, named herein as the  
(Name of Statutory Agent)

Statutory agent for Newark Volleyball Association  
(Name of Corporation)

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

Statutory Agent Signature JONATHAN WOODDELL

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**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 business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

JONATHAN WOODDELL

Signature

By (if applicable)

Print Name

PEBBLES THORNTON

Signature

By (if applicable)

Print Name

BRIANNE CALDWELL

Signature

By (if applicable)

Print Name



### 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.)

Form Must Be Typed

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

**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**

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

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

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name