



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/24/2005	200514303662	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

OHIO VOAD
ATTN D DOWSON
506 SYCAMORE DR
CIRCLEVILLE, OH 43113

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1544827

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

OHIO VOAD

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

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200514303662



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 May, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) 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 Ohio VOAD

SECOND: Location Circleville Pickaway
(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 Attachments

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) 0
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

2005 JUN 13 11:10:16
 2005 JUN 20 11:23:02

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.**

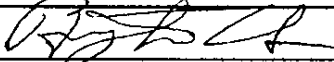
(City) (State) (Zip Code)

(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)



Authorized Representative

Roy K. Nelson
(print name)

1900 Co. Rd. 22A

Bloomingsdale, Ohio 43910

5/10/05

Date



Authorized Representative

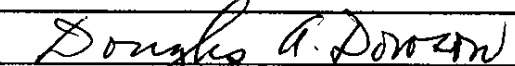
George T. Siddall, Jr.
(print name)

403 Green Gate Drive

Lebanon, Ohio 45036

5/10/05

Date



Authorized Representative

Douglas A. Dowson
(print name)

506 Sycamore Dr.

Cincleville, Ohio 43113

5-10-05

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 Ohio VOAD 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

Douglas A. Dawson
(Name)

506 Sycamore Dr.
(Street)

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

Circleville, Ohio 43113
(City) (Zip Code)

Must be authenticated by an authorized representative

[Signature]
Authorized Representative

5/10/05
Date

[Signature]
Authorized Representative

5/10/05
Date

Douglas A. Dawson
Authorized Representative

5-10-05
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Douglas A. Dawson, named herein as the Statutory agent for, Ohio VOAD, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Douglas A. Dawson
(Statutory Agent)

Article 3

OHIO VOAD

Activities & Operational Information

Purpose Statement: To bring together voluntary organizations active in disaster services and foster effective response to the people of Ohio in time of disaster through:

Cooperation: Interdependence between the members of Ohio VOAD, which generates resources and information in response to disaster challenges faced as partners by,

1. Sharing the capacities, resources and abilities of each organization to respond to disaster,
2. Working in concert with all members before, during and after the disaster.

Communication: Interface of information among our member organizations by maintaining open channels of information sharing through,

1. Internet e-mail and website
2. Conference calls,
3. Publication of minutes, training manuals and disaster assessment and response reports, and
4. Scheduled meetings.

Coordination: Committed to effective response to disaster survivors; matching services to needs through,

1. Advanced planning of the disaster response process,
2. Preparation of disaster response resources, and
3. Equipping membership to operate in a coordinated process at the point of disaster

Collaboration: Working with the Ohio Emergency Management Agency, the Federal Emergency Management Agency, and other subsidiary organizations to respond to specific disasters through interaction with,

1. County EMA directors, Emergency Operation Centers and disaster response staging areas,
2. Emergency Operation Center of the Ohio EMA
3. Liaisons of FEMA

Douglas A. Down
Secretary/Treasurer

12-9-04
Date