

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 14 2014**

SOUTH WEST ASSOCIATION FOR
FINANCIAL PROFESSIONALS
PO BOX 1058
CINCINNATI, OH 45201-1058

Employer Identification Number:
34-2025100
DLN:
17053038316034
Contact Person: ID# 31954
CUSTOMER SERVICE
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
No
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/05/2004	200427801730	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

SOUTH WEST OHIO ASSOCIATION FOR FINANCIAL PROFESSION
580 WALNUT ST., 2ND FLOOR
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1492163

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SOUTH WEST OHIO ASSOCIATION FOR FINANCIAL PROFESSIONALS
and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200427801730



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 28th day of September,
A.D. 2004.

J. Kenneth Blackwell
Ohio Secretary of State



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/09/2019	201909901258	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

SMYTH & MULLIN, LLC
250 E. FIFTH STREET
SUITE 1500
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
1492163**

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

SOUTH WEST OHIO ASSOCIATION FOR FINANCIAL PROFESSIONALS

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

Document(s)

REINSTATEMENT

Document No(s):

201909901258

Effective Date: 04/09/2019



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
9th day of April, A.D. 2019.

Ohio Secretary of State

Form 525B Prescribed by:

OFFICE OF THE
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Reinstatement

Filing Fee: \$25

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)</p>	<p>(2) <input type="checkbox"/> Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR)</p> <p>THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)</p> <p>Cancellation Date The entity was canceled on <input type="text" value="MM/DD/YYYY"/></p>
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(3) Reinstatement of a Professional Corporation (for failure to file biennial report(s)) (110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

Name of Entity

Charter/Registration Number

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

Reinstatement must be signed by an authorized representative. (see instructions for specific information)

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