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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



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 Complete one of the following:

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

No PO Box 870
 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-ARP) 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
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation South West Ohio Association for Financial Professionals

SECOND: Location Cincinnati Hamilton
 (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

The purpose of this Association shall be to provide a forum for the exchange of concepts and techniques related to the endeavor of improving the management of cash and other treasury functions for a business or governmental entity. This is to be accomplished through education, communication, scholarship donations, and increased recognition of the Treasury Management profession.

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.

Tricia L. Ethier
(Name)
Key Bank, 690 Walnut Street, 2nd Floor
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati Ohio 45202
(City) (State) (Zip Code)

Lynn Grismer
(Name)
Relizon, 220 East Monument Avenue
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Dayton Ohio 45402
(City) (State) (Zip Code)

Amy Bentley
(Name)
Huntington Bank, 106 East Fourth Street (Suite 200A)
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati Ohio 45202
(City) (State) (Zip Code)

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

Tricia L. Ethier
Authorized Representative

9.25.2004
Date

Tricia L. Ethier
(Print Name)
President

Lynn Grismer
Authorized Representative

9.25.2004
Date

Lynn Grismer
(Print Name)
Vice President

Amy Bentley
Authorized Representative

9.25.2004
Date

Amy Bentley
(Print Name)
Treasurer

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 South West Ohio Association for Financial Professionals 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

Tricia L. Ethler, President
(Name)
Key Bank, 580 Walnut Street, 2nd Floor
(Street)
Cincinnati, Ohio 45202
(City) (Zip Code)

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

Must be authenticated by an authorized representative

[Signature]
Authorized Representative

9.25.2004
Date

[Signature]
Authorized Representative

9.25.2004
Date

[Signature]
Authorized Representative

9.25.2004
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Tricia L. Ethler, named herein as the

Statutory agent for, South West Ohio Association for Financial Professionals, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: [Signature]
(Statutory Agent)