



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/12/2004	200431401440	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

ASSOCIATION OF LEADERSHIP EDUCATORS
109 AGRICULTURAL ADMIN. BLDG.
2120 FYFFE RD.
COLUMBUS, OH 43210

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1500025

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ASSOCIATION OF LEADERSHIP EDUCATORS, INC.
and, that said business records show the filing and recording of:

Document(s)
DOMESTIC ARTICLES/NON-PROFIT

Document No(s):
200431401440



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 4th day of November, 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 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
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Association of Leadership Educators, Inc.

SECOND: Location Columbus Franklin
(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

(1) To strengthen the leadership skills and competencies of the professional educators who work to develop the leadership capabilities of others, and (2) To strengthen and broaden the knowledge base which supports research, teaching and outreach, student services, consulting, and other programs in leadership.

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) n/a n/a n/a
(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.

Wanda D. Sykes

(Name)

NCSU, Campus Box 7604

(Street)

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

Raleigh

NC

27695-7604

(City)

(State)

(Zip Code)

Rick D. Rudd

(Name)

P.O. Box 110549, 305 Rolfs Hall

(Street)

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

Gainesville

FL

32611-0540

(City)

(State)

(Zip Code)

Garee W. Earnest

(Name)

2120 Fyffe Road, Room 109

(Street)

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

Columbus

OH

43210-1084

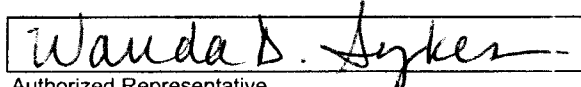
(City)

(State)

(Zip Code)

REQUIRED

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



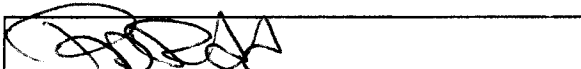
Authorized Representative

Wanda D. Sykes

(print name)

9/9/2004

Date



Authorized Representative

Rick D. Rudd

(print name)

10/22/2004

Date



Authorized Representative

Garee W. Earnest

(print name)

11/2/04

Date

