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TAFT STETTINIUS & HOLLISTER LLP  
21 EAST STATE STREET  
SUITE 1200  
COLUMBUS, OH 43215-4221

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2075199

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

**THE ASSOCIATION OF FALCON RIDGE, INC.**

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

Document(s)

**DOMESTIC ARTICLES/NON-PROFIT**

Document No(s):

**201201901308**



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 13th day of January,  
A.D. 2012.

Ohio Secretary of State



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

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

Expedite this Form: (Select One)
Yes PO Box 1390 Columbus, OH 43218
Requires an additional fee of \$100
No PO Box 670 Columbus, OH 43218

INITIAL ARTICLES OF INCORPORATION
(For Domestic Profit or Nonprofit)
Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) Articles of Incorporation Profit (113-ARF) ORC 1701
(2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702
(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 The Association of Falcon Ridge, Inc.
SECOND: Location Medina Medina
Effective Date (Optional)
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
to operate the homeowners' association for The Association of Falcon Ridge in Medina, Ohio, including ownership and maintenance of the common areas, as well as the area of common responsibility and defined in the Declaration of Covenants and Restrictions, and to perform the role previously conducted by the Falcon Cluster Homeowner's Association (but not such entity's liabilities), pursuant to the Declaration and Restrictions of the Falcon Cluster Area recorded with the Medina County Recorder's Office on January 30, 2006 as instrument number 2006OR002916.

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)
(Refer to instructions if needed)

RECEIVED
SECRETARY OF STATE
2012 JAN 13 PM 4: 07

**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) \_\_\_\_\_

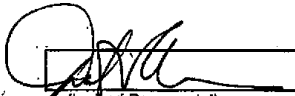
**REQUIRED**  
 Must be authenticated  
 (signed) by an authorized  
 representative  
 (See instructions)



Authorized Representative  
 Frank Olsen  
 (Print Name)

1-6-2012

Date



Authorized Representative  
 David V. Allen  
 (Print Name)

1-9-2012

Date

\_\_\_\_\_

Authorized Representative  
 \_\_\_\_\_  
 (Print Name)

\_\_\_\_\_

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 The Association of Falcon Ridge, Inc. 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

David V. Allen, Esq.

(Name)

200 Public Square, Suite 3500

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland, Ohio 44114

(City) (Zip Code)

Must be authenticated by an authorized representative

[Signature]
Authorized Representative EARLE OLSON

1-6-2012
Date

[Signature]
Authorized Representative DAVID V. ALLEN

1-9-2012
Date

[Signature]
Authorized Representative

[Signature]
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, David V. Allen, named herein as the

Statutory agent for, The Association of Falcon Ridge, Inc. hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: [Signature]
(Statutory Agent)