



Prescribed by:

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

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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 Nonprofit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

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

SECOND: Location BRUNSWICK MEDINA
(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

For social purposes within the meaning of Section 501 (C)(7) of the Internal Revenue Code as amended
(or any corresponding provision of any succeeding Federal tax law), and in furtherance there of for the
purpose of advancing and promoting an entertaining format for amateur pool players that is fair and equitable
to all skill levels and to engage in any other business or activity necessary and proper to accomplish the above

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

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.

Joseph J. Destro
(Name)
4566 Baywood Dr
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Brunswick _____ Ohio _____ 44212
(City) (State) (Zip Code)

Chuck Handa
(Name)
722 Poplar
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Brunswick _____ Ohio _____ 44212
(City) (State) (Zip Code)

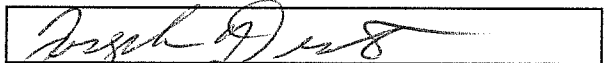
SEE ATTACHED LIST
(Name)

(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

June 12, 2007
Date

Joseph J. Destro
(Print Name)
3698 Center Rd

Brunswick, Ohio 44212

Authorized Representative

Date

(Print Name)

Authorized Representative

Date

(Print Name)

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 Pool Players Association 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


Joseph J. Destro
(Name)
4566 Baywood Dr
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

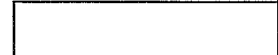
Brunswick, Ohio 44212
(City) (Zip Code)


Must be authenticated by an authorized representative


Authorized Representative

June 12, 2007
Date


Authorized Representative


Date


Authorized Representative


Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Joseph J. Destro, named herein as the

Statutory agent for, Ohio Pool Players Association, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: 
(Statutory Agent)