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**FOREIGN PROFIT/NONPROFIT CORPORATION
CINCINNATI INSTITUTE OF FINE ARTS**

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CINCINNATI INSTITUTE OF FINE ARTS

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DEC 06 2021

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. CINCINNATI INSTITUTE OF FINE ARTS

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

CINCINNATI INSTITUTE OF FINE ARTS CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OH 3. 31-0537138
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 03/22/1927 5. 12/10/2025
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 20 E. Central Parkway, Suite 200 Cincinnati OH 45202
(Principal office street address)

(Current mailing address, if different)

8. Fundraising for arts organizations
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
/s/Laura R. Broderick,
By Laura R. Broderick, Assistant Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2021 DEC -6 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Alecia Kintner
☐ Vice Chairman Address: 6504 Miami Bluff Dr
☐ Director Cincinnati, OH 45227
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Samantha Cribbet
☐ Vice Chairman Address: 4837 State Route 133
☐ Director Williamsburg, OH 45176
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kathryn Kennedy
☐ Vice Chairman Address: 1607 Collinsdale Ave
☐ Director Cincinnati, OH 45230
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: COO ☐ Other: _____

☐ Chairman Name: Rhonda Whitaker Hurt
☐ Vice Chairman Address: 139 East Fourth Street, 1409M
☐ Director Cincinnati, OH 45202
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christopher Carlson
☐ Vice Chairman Address: 7925 Ammesdale Drive
☐ Director Cincinnati, OH 45243
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. /s/ Samantha Cribbet
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Samantha Cribbet - Vice President
 (Typed or printed name and capacity of person signing application)

ARTSWAVE 2021/2022 TRUSTEES AND OFFICERS

OFFICERS:

Mr. James M. Zimmerman
Mr. Leigh Fox
Mr. Anthony Mathis
Mr. Matthew Stautberg
Mr. Christopher Carlson
Ms. Rhonda Whitaker Hurtt
Ms. Alecia T. Kintner

Chair 425 Walnut Street, Suite 1800, Cincinnati, OH 45202
Vice-Chair 221 E. 4th Street, 10th Floor, Cincinnati, OH 45202
Vice-Chair One Neumann Way, Bldg 90, Mailstop H334, Cincinnati, OH 45215
Vice-Chair 1400 Commerce Center Drive, Franklin, OH 45005
Treasurer 7925 Annesdale Drive, Cincinnati, OH 45243
Secretary 139 East Fourth Street, 1409M, Cincinnati, OH 45202
President & CEO 20 E. Central Parkway, Suite 200, Cincinnati, Ohio 45202

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CINCINNATI INSTITUTE OF FINE ARTS, an Ohio not for profit corporation, Charter No. 125641, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 22, 1927 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of November, A.D. 2021.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State