

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602

(502) 564-3490

Articles of Incorporation Non-profit Corporation

NAI

**Please note:** This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A	and KRS 273, the undersigned app	olies to qualify and f	or that purpose submits th	ne following statem	nents:
Article I: The name of t	he corporation is Engineers for S	ustainable Energy	y Solutions		
	for which the corporation is organize			1	
	the registered agent is Registered			-	
			, io		tauri de antimise mendele e e en e
and the street address 212 N. 2nd St. STE 10	of the corporation's initial registere			47	175
Street Address (No Post Office Box Numbers)		Richmond	KY State	40475 Zip Code	
•	•	-	State	۷.,	o code
	dress of the corporation's principal offic		100	· ·	
836 Whitney Drive Street or PO Box Number		Paducah City	KY State	Zip Code	
×					
	of directors (minimum of three (3) r				
he names and mailing	g addresses of the persons who ar	e to serve as the ini	tial board of directors are	as follows:	
Chandniben Joshi	2544 New Holt Road Appt H		Paducah	<u>KY</u>	42001
lame	Street or PO Box Number		City	State	Zip Code
Sarah Cranor	5019 Reidland Road		Paducah	KY	42003
lame	Street or PO Box Number		City	State	Zip Code
Villiam Murphy	7550 Wurth Road		Paducah	KY	42001
lame	Street or PO Box Number		City	State	Zip Code
	nd mailing address of the incorpora	ator is	B 1 - 1	107	10004
leffrey Seay	836 Whitney Drive Street Address or Post Office B	less Marmhey	Paducah	KY	42001
lame	Street Address or Post Office B	ox Number	City	State	Zip Code
lame	Street Address or Post Office B	lox Number	City	State	Zip Code
Article VII: This applies	ation will be effective upon filing, un		-		•
	cannot be prior to the date the app				clive date of the
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			************************************	
Diagon indicate the co					
County: McCracken	unty in which your business operate			1	
	To complete the	e following, please si	hade the box completely.		
Please indicate which	of the following best describes your				
□ Agriculture	☐ Mining ☐ Serv		Construction		
□ Wholesale Trade	□ Retail Trade □ Man	ufacturing	🗆 Finance, Insurance, Real E	Estate	
<ul><li>☐ Public Administration</li><li>☑ Other</li></ul>	☐ Transportation, Communication	ons, Electric, Gas, Sar	nitary Services		
N OTHER					
We declafe)under nenal	ty of perjury under the laws of the state	of Kentucky that the f	oregoing is true and correct		
diddipenal		-			
	nature of Incorporator Jeffrey Se		President	1 April 2020	
		Print Name 8	& little	Date	
Registered Agents		, consent to serv	e as the registered agent on	behalf of the corpor	ation.
Print Name of Registe	red Agent				
Bel Have		Bill Havre	President	1 April 202	20
Signature of Registered	Agent	Print Name &	Title Title	Date	