



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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 applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Sisters of Hope Charitable Community Outreach and Disaster Relief Corporation.

Article II: The purpose for which the corporation is organized Charitable assistance to help all those in need.

Article III: The name of the registered agent is Sandy Gunnell

and the street address of the corporation's initial registered office in Kentucky is

Front Street	Garrett	KY	41630
Street Address (No Post Office Box Numbers)	City	State	Zip Code

Article IV: The mailing address of the corporation's principal office is

PO Box 525	Garrett	KY	41630
Street or PO Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Sandy Gunnell	PO Box 9	Garrett	KY	41630
Name	Street or PO Box Number	City	State	Zip Code
Loveda Coburn	General Delivery	Garrett	KY	41630
Name	Street or PO Box Number	City	State	Zip Code
Ellen Cortez	13788 Hwy. 799	Raven	KY	41861
Name	Street or PO Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is

Sandy Gunnell	PO Box 9	Garrett	KY	41630
Name	Street Address or Post Office Box Number	City	State	Zip Code

Name	Street Address or Post Office Box Number	City	State	Zip Code
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Name	Street Address or Post Office Box Number	City	State	Zip Code
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Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Incorporator

Print Name & Title

Date

I, _____, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

Signature of Registered Agent

Print Name & Title

Date