

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **nonprofit corporation**.
2. The name of the entity is: **AMERICAN CHILDHOOD CANCER ORGANIZATION, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **District of Columbia**.
5. The date of organization is **5/17/1976** and the period of duration is **perpetual**.

7. Principal Office

6868 Distribution Drive
Beltsville, MD 20705

8. Required Representatives

Officer	Ruth Hoffman	6868 Distribution Drive	Beltsville	MD	20705
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9. Registered Agent/Office

Elizabeth Turner
3703 Mamaroneck Road
Louisville, KY 40218

I, **Elizabeth Turner**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Wednesday, May 24, 2023

As the Authorized Representative, I, **Ruth Hoffman**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**