

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

(01/12)

Articles of Incorporation

NAI

PO Box 718	Non-profit C					
Frankfort, KY 40602	Please note: Th	is form does not comply wi	th 501 (C) status. You should	contact the Internal F	Revenue	
(502) 564-3490 www.sos.ky.gov		Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filling the Articles of Incorporation.				
www.sos.ky.gov	There Temples (a.). I workford Tell All All All All All All All All All					
Pursuant to KRS 14A and	KRS 273, the undersigned a	applies to qualify and for	that purpose submits the fo	ollowing statement	s:	
		10 - 7 ·				
Article I: The name of the	corporation is Aviators Ag	Janiot Office Abuse		75 5 10000		
Article II: The purpose for	which the corporation is orga	nized To aid in the	education and protect	ction of childre	en from abuse	
Article III: The name of the	e registered agent is Regis	tered Agent Soluti	ons, Inc.			
and the street address of	the corporation's initial regist	ered office in Kentucky is	3			
828 Lane Allen Road Suite 219		Lexington	Kentucky	40504		
Street Address (No Post Office Box Numbers)		City	State	Zip Code		
A 41 4 11 4 TH		vatace tra en carta				
	dress of the corporation's prin		72 1 2 10	00202	270	
1619 Rosewood Avenue		Louisville	Kentucky	40204		
Street or PO Box Number		City	State	Zip Code		
Article V: The number of a	directors (minimum of three (3) required) constituting	the initial board of directors	is 5		
Article V. The Hamber of C	anectors (minimum or times (o) required) constituting	are miliar board or aircolord			
The names and mailing a	ddresses of the persons who	are to serve as the initial	l board of directors are as	follows:		
Christopher Keen	ristopher Keen 1619 Rosewood Avenue		Louisville	Kentucky	40204	
Name	Street or PO Box Number		City	State	Zip Code	
Leah Keen	1619 Rosewood Avenue		Louisville	Kentucky	40204	
Name	Street or PO Box Number		City	State	Zip Code	
Beth Phelps	1607 Rosewood Avenue		Louisville	Kentucky	40204	
Name	Street or PO Box Number		City	State	Zip Code	
Article VI: The name and	mailing address of the incorp	orator is				
Christopher Keen 1619 Rosewood Avenue			Louisville	Kentucky	40204	
Name	Street Address or Post Office Box Number		City	State	Zip Code	

Name	ne Street Address or Post Office Box Number		City	State	Zip Code	
Name	Street Address or Post Offic	e Box Number	City	State	Zip Code	
Article VII: This applicatio	n will be effective upon filing,	unless a delayed effecti	ve date and/or time is prov	ided. The effective	e date or the	
delayed effective date car	n will be effective upon filing, nnot be prior to the date the a	application is filed. The o	tate and/or time is Septer	nber 1, 2014		
IMI dedare under senal	ty of perjury under the laws o	f the state of Kentucky ti	(Delayed)	effective date and/o	or time)	
- Por	Denjury under the laws of					
MASULA.			Keen, President	8/1/2014		
Signature of Incorporator	1 , 211	Print Name & Ti	tle	Date		
1. Kepistered	Heent Solution	15, Inc., consen	t to serve as the registered	agent on behalf of	f the corporation.	
Print Name of Registered	Agent		W W W W W	257/		
Jackyn Wester Jackyn W			ght, Asst. Secretary	8/1/2014		
Signature of Registered Ag	gent	Print Name &Tit	le	Date		