

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1447106.09
Michael G. Adams
Secretary of State
Received and Filed
4/15/2025 12:00:00 AM
Fee receipt: \$8

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

Articles of Incorporation
Non-profit Corporation

NAI

Please Note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Incorporation. Pursuant to KRS 14A and KRS 273, the undersigned hereby forms a nonprofit corporation and for that purpose sets forth the following:

Article I: The name of the nonprofit corporation is

COLLEGE OF REMOTE AND OFFSHORE MEDICINE FOUNDATION USA Inc.

Article II: The purpose of the nonprofit corporation is **To provide medical education and training services tailored to professionals working in remote, offshore, transit, and security industries.**

Article III: The name of the initial registered agent is

College of Remote and Offshore Medicine Foundation USA

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

996 Wilkinson Trace, Suite A4, Bowling Green, KY 42103

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

996 Wilkinson Trace, Suite A4, Bowling Green, KY 42103

Article V: The number of directors 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:

Director	John Clark	119 Florida Ave, Apollo, PA 15613
Director	Eric R Bauer	520 Old River Rd, Scottsville, KY 42164
Director	Ashley N Bauer	520 Old River Rd, Scottsville, KY 42164

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

Incorporator	Eric R Bauer	520 Old River Rd, Scottsville, KY 42164
Incorporator	Ashley N Bauer	520 Old River Rd, Scottsville, KY 42164
Incorporator	John Clark	119 Florida Ave, Apollo, PA 15613

This filing will be effective on **Tuesday, April 15, 2025.**

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

Signature of individual signing on behalf of In
Bauer

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I, **Eric Bauer**, consent to sign for **College o**
Offshore Medicine Foundation USA who

Registered Agent on behalf of this entity on Tuesday, April 15,
2025.

