

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718

Articles of Incorporation Non-profit Corporation

NAI

Frankfort, KY 40602 (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 filing the Articles of Incorporation.				
Pursuant to KRS 14A an	d KRS 273	, the undersigned a	pplies to qualify and for	that purpose submits the f	ollowing statem	nents:
Article I: The name of the	e corporatio	_{n is} Bridge the	Divide, Inc.			
Article II: The purpose for	or which the	corporation is orga	nizedto improve technolo	ogy and agricultural education	opportunities for	school students
Article III: The name of the						
and the street address o	f the corpor	ation's initial registe	ered office in Kentucky i	s		
517 South 4th St			Louisville KY		40202	
Street Address (No Post Office Box Numbers)			City	State	Zip Code	
Article IV: The mailing ad	ddress of th	e corporation's prin	cipal office is			
517 South 4th St			Louisville	KY	40202	
Street or PO Box Number			City	State	Zip Code	
Article V: The number of	directors (r	ninimum of three (3) required) constituting	the initial board of directors	s is <u>3</u>	
The names and mailing	addresses o	of the persons who	are to serve as the initia	al board of directors are as	follows:	
Cynthia Masters 517 South 4th St				Louisville	Ky	40202
Name	Street or	PO Box Number		City	State	Zip Code
Teresa Mottola	esa Mottola 517 South 4th St.			Louisville	KY	40202
Name	Street or PO Box Number			City	State	Zip Code
Camille Allman		outh 4th St.		Louisville	KY	40202
Name	Street or	PO Box Number		City	State	Zip Code
Article VI: The name and	d mailing ad	dress of the incorpo	orator is			
Cynthia Masters 517 South 4th St.				Louisville	KY	40202
Name	Street Address or Post Office Box Number			City	State	Zip Code
Name	Street Address or Post Office Box Number		Box Number	City	State	Zip Code
Name	Street Ad	dress or Post Office	Box Number	City	State	Zip Code
Article VII: This application	on will be et annot be pri	ffective upon filing, or to the date the a	unless a delayed effecti pplication is filed. The	ive date and/or time is prov date and/or time is 06/10/2013		
I/We declare under nena	alty of neriur	v under the laws of	the state of Kentucky t	Delayed) hat the foregoing is true an	effective date a	nd/or time)
10				Cynthia Masters, Chairperson		13
Signature of Incorporator			Print Name & Title		Date	A 100 / 100
, Cynthia Masters			conser	t to serve as the registered	agent on heba	If of the corporation
Print Name of Registere			, consen	it to serve as the registered	agent on bene	in or the corporation.
K			Cynthia Masters, Chairperson		06/10/20)13
Signature of Registered Agent			Print Name &Title		Date	The state of the s