

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1273310.09

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/7/2023 9:18 AM Fee Receipt: \$8.00

NAI

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490

Articles of Incorporation Non-profit Corporation

		ng the Articles of Incorporation		ouid contact the internal F	Revenue	
Pursuant to KRS 14A	and KRS 273, the undersigned a	pplies to qualify and for t	hat purpose submits	s the following stateme	nts:	
Article I: The name of	the corporation is Urbavore Inc	loor Farm, Inc.				
	for which the corporation is orga	Launch and operate an urban in	door farm - to grow hyper-local veg access to an economically disadva	gies, fruits and herbs and distribute them antaged area of West Louisville, KY.	to residents of the community.	
Article III: The name o	f the registered agent is Anders	on Registered Agents	, Inc.			
	of the corporation's initial registe					
9900 Corporate Campus Drive, Suite 3000		Louisville Kentu		ky 402	223	
Street Address (No Post Office Box Numbers)		City	State	Zip C		
Article IV: The mailing ad	Idress of the corporation's principal o	ffice is				
3225 McLeod Drive, Suite 100		Las Vegas	s Vegas Nevada		89121	
Street or P.O. Box Number		City	State	Zip C		
Article V: The number	of directors (minimum of three (3	3) required) constituting th	ne initial board of dir	ectors is 3		
	g addresses of the persons who					
Lisa Ginardi	3225 McLeod Drive, Sui		Las Vegas	Nevada	89121	
Name	Street or P.O. Box Number		City	State	Zip Code	
Brice Ginardi	3225 McLeod Drive, Suite 100		Las Vegas	Nevada	89121	
Name	Street or P.O. Box Number		City	State	Zip Code	
Geoff Pavey	3225 McLeod Drive, Sui	te 100	Las Vegas	Nevada	89121	
Name	Street or P.O. Box Number		City	State	Zip Code	
Article VI: The name a	and mailing address of the incorp	orator is				
Skye Lovelace	3225 McLeod Drive, Suite 100		Las Vegas	Nevada	89121	
Name	Street Address or P.O. Box N	umber	City	State	Zip Code	
Name	Street Address or P.O. Box N	umber	City	State	Zip Code	
Article VII: This applica	ation will be effective upon filing.					
Please indicate if the f	ollowing applies to your business o	wnership:				
□Veter	an Owned					
	Ity of perjury under the laws of the sta	ate of Kentucky that the fore	going is true and corre	ct.		
SkyeLovelace		Skye Lovelace, Incorporator		04/06/2023		
Signature of Incorporator		Print Name &Title		Date		
_{I,} A.T. Mathis		, consent to serve as	the registered agent	on behalf of the corporatio	n.	
Print Name of Registere	ed Agent					
		A.T. Mathis, President		04/06/2023		
Signature of Registered Agent		Print Name &Title		Date		