Commonwealth of Kentucky Michael G. Adams, Secretary of State

NAOI
1417611.09
Michael G. Adams
Secretary of State
Received and Filed
12/27/2024 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

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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

LIFELIFE DISASTER RESOURCE NETWORK Ltd.

Article II: The purpose of the nonprofit corporation is **Corporation operates exclusively for** charitable, educational, and/or community benefit purposes under sec. 501c3 of the Internal Revenue Code, engaging in activities that promote the public good & support individuals, organizations, or communities in need

Article III: The name of the initial registered agent is

Thomas Fredrick Harrison

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

3058 Bardstown Road, Louisville, KY 40205

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

3058 Bardstown Road, Louisville, KY 40205

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	Judith Lynn Howard	3058 Bardstown Road, Louisville, KY 40205
Director	Gregory Todd Vandershan	3058 Bardstown Road, Louisville, KY 40205
Director	Michael Tyler Howard	3058 Bardstown Road, Louisville, KY 40205

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

Incorporator Thomas Fredrick Harrison 3058 Bardstown Road, Lousiville, KY 40205

This filing will be effective on Friday, December 27, 2024.

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 **Incorporator: Thomas**Page 1 of 2

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l, **Thomas Fredrick Harrison**, consent to se Agent on behalf of this entity on Friday, Dece

