

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **nonprofit corporation**.
2. The name of the entity is: **YOU ARE NOT ALONE FOUNDATION**
3. The name of the entity to be used in Kentucky is (if applicable): **YOU ARE NOT ALONE FOUNDATION INC.**
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **7/6/2023** and the period of duration is **perpetual**.

**6. Principal Office**

905 Baxter Ave  
Louisville, KY 40204

**7. Registered Agent/Office**

Kristi Kilday  
905 Baxter Ave  
Louisville, KY 40204

I, **Kristi Kilday**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Tuesday, October 24, 2023

As the Authorized Representative, I, **Kristi Kilday**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**