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mstratton **PAOI** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 6/25/2012 10:49 AM

Date

06/22/2012

consent to serve as the registered agent on behalf of the corporation.

## COMMONWEALTH OF KENTUCKY Fee Receipt: \$50.00 **ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings Business Filings** 

Nancy Cogan

Print/Name of Registered Agent

Signature of Registered Agent

Articles of Incorporation

PAI

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit Corporation			
	and KRS 271B, the undersigned applies to qualify and	, ,	ıbmits th	e following statements:
Article I: The name of	the corporation is The Armored Car Theatre,	Inc.		
	of shares the corporation is authorized to issue is 10			
Article III: The street a	address of the corporation's initial registered office in R	Centucky is		
1031 S. 6th Stree	Louisville	KY	40203	
Street Address (No Post C	City	State	Zip Code	
	itial registered agent at that office is Nancy Cogar address of the corporation's principal office is	Louisville	KY	40203
Street Address or Post Office Box Number		City	State	Zip Code
		Oity	Otate	Zip Gode
Article V: The name a	nd mailing address of the incorporator is as follows:			
Nancy Cogan	1031 S. 6th Street	Louisville	KY	40203
Name	Street Address or Post Office Box Number	City	State	Zip Code
Barbara Cullen	539 W. St. Catherine Street	Louisville	KY	40203
Name	Street Address or Post Office Box Number	City	State	Zip Code
Jon Huffman	539 W. St. Catherine St.	Louisville	KY	40203
Name	Street Address or Post Office Box Number	City	State	Zip Code
	tion will be effective upon filing, unless a delayed effective date the application is file			
I/We de <b>b</b> are under pe	nalty of perjury under the laws of the state of Kentucky	y that the foregoing	is true a	nd correct.
1 ann	Nancy/Cogan O	wner/Stockholo	der	06/22/2012
Signature of incorporator	Printed Name Titl	le		Date

Nancy Cogan **Printed Name** 

Title

Owner/Stockholder