1095119.09 Michael G. Adams Kentucky Secretary of State Received and Filed: 4/30/2020 10:38 AM Fee Receipt: \$50.00



## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings

## Articles of Incorporation

PAI

| P.O. Box 718   | Profit Corporation   |   |               |                               |
|--|--|---|---------------|-------------------------------|
| Frankfort, KY 40602<br>(502) 564-3490  |  |   |               |                               |
| www.sos.ky.gov   |  |   | ubmits the 1  | following statements:         |
| www.sos.ky.gov  Pursuant to KRS 14A and KRS 27   | 1B, the undersigned applies to qual  | ify and for that purpose s                                | upinits the   |                               |
| Article I: The name of the corporat  |  |   |               |                               |
| Article II: The number of shares th  | e comparation is authorized to issue   | is 100  |               |                               |
|  |  |   |               |                               |
| Article III: The street address of th  | e corporation's initial registered office                                    | o in Kentucky is  | KY            | 42240                         |
| 6515 Greenville Rd   |  | Hopkinsville  | State         | Zip Code                      |
| Street Address (No Post Office Box Num   | nbers)   |   |               |                               |
| and the name of the initial register   | ed agent at that office is Jonathan R  | өу  |               |                               |
| Article IV: The mailing address of   | the corporation's principal office is  |   | KY            | 42241                         |
| PO Box 1540  |  | Hopkinsville  | State         | Zip Code                      |
| Street Address or Post Office Box Numb   | )er  | City  |               |                               |
| Article V: The name and mailing a  | ddrage of the incorporator is as follo                                       | WS:   | KY            | 42241                         |
| Jonathan Rev PO Box 1  | 540  | Hopkinsville  | State         | Zip Code                      |
| Name Street Addr   | ess or Post Office Box Number  |   | 64-4-         | Zip Code                      |
| Name Street Addr   | ess or Post Office Box Number  | City  | State         | •                             |
|  | ess or Post Office Box Number  | City  | State         | Zip Code                      |
| Article VI: This application will be earn or the delayed effective date cannot article VII: If checked, this bus | iness is veteran-owned as defined b  |   |               |                               |
| County: Christian  |  |   |               |                               |
|  | To complete the following, please shows:  Please indicate whether any of the | nde the box completely.                                   | usiness owner | ship:                         |
| Please indicate the size of your business Small (Fewer than 50 employees) Large (50 or more employees)           | women Owned Vetera   | n Owned Minority Ow                                       | ned           |                               |
| Please indicate which of the following is  | est describes your business:   |   |               |                               |
| Agriculture Mining Wholesale Trade Retail T  | Services   | Construction Finance, Insurance, Real Esta itary Services | te            |                               |
| I/We declare under penalty of perj   | ury under the laws of the state of Ke  | entucky that the foregoing                                | is true and   | correct.                      |
| I/VVe dervale under penalty or porju   | Jonathan Rey   | President   |               | 4/29/2020                     |
| Signature of Incorporator  | Printed Name   | Title   |               | Date                          |
| I, Jonathan Rey  |  | , consent to serve as the reg                             | istered agent | on behalf of the corporation. |
| Print Name of Registered Agent   | 14b Dav  | Drooidont   | _             | 4/29/2020                     |
| X XX   | Jonathan Rey Printed Name  | President<br>Title  |               | Date                          |
| Signature of Registered Agent  | r mitou mamo   |   |               |                               |