



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes  
Kentucky Secretary of State  
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Division of Business Filings  
Business Filings  
PO Box 718, Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Incorporation  
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Pray, Inc.

Article II: The number of shares the corporation is authorized to issue is 4

Article III: The street address of the corporation's initial registered office in Kentucky is

157 Virginia Drive	Richmond	KY	40475
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Alan Perkins

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

PO Box 805	Richmond	KY	40476-0805
Street Address or Post Office Box Number	City	State	Zip Code

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

Alan Perkins	PO Box 805	Richmond	KY	40476-0805
Name	Street Address or Post Office Box Number	City	State	Zip Code
Tim Ray	PO Box 805	Richmond	KY	40476-0805
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 05/14/2019  
(Delayed effective date and/or time)

Please indicate the county in which your business operates:  
County: Madison

To complete the following, please shade the box completely.

Please indicate the size of your business:  
☒ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:  
☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input checked="" type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Ranie Perkins	Director	5/14/19
Signature of Incorporator	Printed Name	Title	Date
I, <u>Alan Perkins</u> , consent to serve as the registered agent on behalf of the corporation.			
	Alan Perkins	Director	5/14/19
Signature of Registered Agent	Printed Name	Title	Date