

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1297421.09

dwilliams NAOI

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 7/28/2023 12:52 PM Fee Receipt: \$8.00

Division of Business F Business Filings P.O. Box 718, Frankfort, KY 40602	ilings	Articles of Incorporation Non-profit Corporation					NAI	
(502) 564-3490		Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.						
Pursuant to KRS 14A a	nd KRS 273,	, the undersigned applie	s to qualify and fo	r that pur	pose submits the	following staten	nents:	
Article I: The name of th	e corporatio	_{n is} Mimi's Transit	tion Home In	C.				
Article II: The purpose for	or which the	corporation is organized	See attache	ed				
Article III: The name of								
and the street address of				is				
4107 DIENES WAY			LOUISVILLE KY			40216-4418		
Street Address (No Post Office Box Numbers)			City	State		Zip Code		
Article IV: The mailing add	ess of the cor	rporation's principal office is	S					
4107 DIENES WAY			LOUISVILI			40216-4418		
Street or P.O. Box Number			City		State		p Code	
Article V: The number o	f directors (r	ninimum of three (3) req	uired) constituting	the initia	l board of director	s is <u>3</u>		
		of the persons who are to	o serve as the initi					
Abigael Israel		DIENES WAY			JISVILLE	<u>KY</u>	40216-4418	
Name		P.O. Box Number DIENES WAY		city LOUISVILLE		State KY	Zip Code	
John Harris Name		P.O. Box Number		City	JISVILLE	State	40216-4418 Zip Code	
	vis-Cheatham 4107 DIENES WAY			LOUISVILLE		KY	40216-4418	
Street or P.O. Box Number				City		State	Zip Code	
Article VI: The name an	d mailing ad	dress of the incorporato	r is					
Abigael Israel 4107 DIENES WAY				LOUISVILLE		KY	40216-4418	
Name	Street Ad	dress or P.O. Box Number	er	City		State	Zip Code	
Name	Street Ad	dress or P.O. Box Number	er	City		State	Zip Code	
Article VII: This applicat	ion will be ef	ffective upon filing.						
Please indicate if the fol	lowing applie	es to your business owner	ship:					
I/We declare under penalty	of perjury un	der the laws of the state of	Kentucky that the fo	regoing is	true and correct.			
Abigael Israel			Abigael Israel, President					
Signature of Incorporator			Print Name & T		Date			
L Abigael Isreal			, consent to serve as the registered agent on behalf of the corporation.				ation.	
Print Name of Registered Agent Abigael Israel			Abigael Israel, President					
	<u> </u>		<u></u>					

Print Name &Title

Signature of Registered Agent

Date

Mimi's Transition Home Inc, a Nonprofit Corporation

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.



Title Please sign Articles of Incorporation Form

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