BY: HOLL PORTOR



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/7/2024 9:11 AM Fee Receipt: \$50.00

1384929.09

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of Incorporation Profit Corporation

PAI

bmarkey ADD

(502) 564-3490 www.sos.ky.gov					
Pursuant to KRS 1	4A and KRS 271B, th	e undersigned hereby form	s a business corporation	and for that purpose	sets forth the following:
Article I: The name	e of the corporation is	Circle of Trust Counseling, Inc.			*
Article II: The num	ber of shares the corp	poration is authorized to is	sue is _1000		
Article III: The stre	et address of the corp	poration's initial registered	office in Kentucky is		
671 W Hwy 80, Suite 3			Somerset	KY	42503
Street Address (No Post Office Box Numbers)			City	State	Zip Code
and the name of the	e initial registered age	ent at that office is David Newr	nan		·
Article IV: The mai	ling address of the co	orporation's principal office	is		
671 W Hwy 80, Suite 3			Somerset	KY	42503
Street Address or Pos	t Office Box Number		City	State	Zip Code
Article V: The nam	ie and mailing addres	s of the incorporator is as	follows: Science Hill	KY	42553
Name	Street Address or	Post Office Box Number	City	State	Zip Code
Name	Street Address or	Post Office Box Number	City	State	Zip Code
Name	Street Address or	Post Office Box Number	City	State	Zip Code
with redactions to re		ness as defined by KRS 14A.1 umbers, dates of birth, and h			
and will be destroyed	a arter vernication by ti	ie secretary of states.			
I/We declare under	penalty of perjury un	der the laws of the state of	f Kentucky that the fore		
Signature of Incorpora	itor	Printed Name	Title	7/25/2024 Date	
David Newman				onsent to serve as the registered agent on behalf of the corporation.	
Print Name of Regist	tered Agent	David Newman	President		5/2024
Signature of Registere	ed Agent	Printed Name	Title		ate