



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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NAOI

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
Non-profit Corporation

NAI

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 and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

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

Article II: The purpose for which the corporation is organized to improve technology and agricultural education opportunities for school students

Article III: The name of the registered agent is Cynthia Masters

and the street address of the corporation's initial registered office in Kentucky is

<u>517 South 4th St</u>	<u>Louisville</u>	<u>KY</u>	<u>40202</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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

<u>517 South 4th St</u>	<u>Louisville</u>	<u>KY</u>	<u>40202</u>
Street or PO Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Cynthia Masters</u>	<u>517 South 4th St</u>	<u>Louisville</u>	<u>Ky</u>	<u>40202</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Teresa Mottola</u>	<u>517 South 4th St.</u>	<u>Louisville</u>	<u>KY</u>	<u>40202</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Camille Allman</u>	<u>517 South 4th St.</u>	<u>Louisville</u>	<u>KY</u>	<u>40202</u>
Name	Street or PO Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is

<u>Cynthia Masters</u>	<u>517 South 4th St.</u>	<u>Louisville</u>	<u>KY</u>	<u>40202</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

<u>Name</u>	<u>Street Address or Post Office Box Number</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>Name</u>	<u>Street Address or Post Office Box Number</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
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Article VII: 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 6-11-13
 (delayed effective date and/or time)

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

<u>[Signature]</u>	<u>Cynthia Masters, Chairperson</u>	<u>6-11-13</u>
Signature of Incorporator	Print Name & Title	Date

I, Cynthia Masters, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

<u>[Signature]</u>	<u>Cynthia Masters, Chairperson</u>	<u>6-11-13</u>
Signature of Registered Agent	Print Name & Title	Date