

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

Division of Business Filings P.O. Box 718

## **Articles of Incorporation**

PAI

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Profit Corporation			
Pursuant to KRS 14A and KRS 27	B, the undersigned applies to qua	alify and for that purpose s	submits the fo	llowing statements:
Article I: The name of the corporat			Inc	
Article II: The number of shares the	e corporation is authorized to issue	e is		
Article III: The street address of the		ice in Kentucky is		
	ssing	Flemingsburg	<b>159</b>	41041
Street Address (No Post Office Box Num	pers)	City	State	Zip Code
and the name of the initial registere	d agent at that office is <u>Emily</u>	Sapp		
Article IV: The mailing address of t	he corporation's principal office is			
258 Secrest	Crossina	Flemings burg	KY	41041
Street Address or Post Office Box Number	er	City	State	Zip Code
Article V: The name and mailing ac	Idress of the incorporator is as foll	ows:	121.5	1001
	crest Crossing	Flemingsburg	KY	41041
		Clty	State	Zip Code
	ss or Post Office Box Number	City	State	Zip Code
Name Street Addres	ss or Post Office Box Number	City	State	Zip Code
Article VI: This application will be ef	ective upon filing.			
Article VII: If checked, this bus	siness is veteran-owned as define	d by KRS 14A.2-070(45)	and 14A.2-16	5 (see instructions).
I/We declare under penalty of perjur	y under the laws of the state of Ke	entucky that the foregoing	is true and co	orrect.
WWX HODED	Emily Sapp	Presiden 7	81	122/23
Signature of Kacorporator	Printed Name	Title	Dat	
Print Name of Registered Agent	# F	, consent to serve as the reg	istered agent on I	behalf of the corporation.
- Emule Bann	Emily Sapp	President	ጽ	122123
Signature of Registered Agent	Printed Name	Title	Dat	