



**COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE**

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NAOI

Elaine N. Walker, Secretary of State

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**Division of Corporations
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 National Gerontological Nursing Association, Inc

Article II: The purpose for which the corporation is organized to serve nursing professionals dedicated to the clinical care of older adults across diverse care settings.

Article III: The name of the registered agent is Brian Doty

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

<u>3493 Lansdowne Drive, Suite 2</u>	<u>Lexington</u>	<u>KY</u>	<u>40517</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>3493 Lansdowne Drive, Suite 2</u>	<u>Lexington</u>	<u>KY</u>	<u>40517</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>Susan Carlson</u>	<u>17306 Fountain View</u>	<u>San Antonio</u>	<u>TX</u>	<u>78248</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Amy Cotton</u>	<u>239 Main Road S</u>	<u>Hampden</u>	<u>ME</u>	<u>04444</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Caryl Mayo</u>	<u>135 Woodcrest</u>	<u>Loveland</u>	<u>OH</u>	<u>45140</u>
Name	Street or PO Box Number	City	State	Zip Code

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

<u>Brian Doty</u>	<u>3493 Lansdowne Drive Suite 2</u>	<u>Lexington</u>	<u>KY</u>	<u>40517</u>
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

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 _____

(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>Brian Doty, Executive Director</u>	<u>2/2/11</u>
Signature of Incorporator	Print Name & Title	Date

I, Brian Paul Doty, consent to serve as the registered agent on behalf of the corporation.

	<u>Brian Doty, Executive Director</u>	<u>2/2/11</u>
Signature of Registered Agent	Print Name & Title	Date