

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
5/22/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **nonprofit corporation**.

2. The name of the entity is

Evergreen Family Friendship Service

3. The name of the entity to be used in Kentucky is

EVERGREEN FAMILY FRIENDSHIP SERVICE INC.

4. The state or country under whose law the entity is organized is **California**.

5. The date of organization is **12/24/1992** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

6660 Delmonico Drive Ste #201, Colorado Springs, CO 80919

7. The street address of the entity's registered office in Kentucky is

2220 Talbott Avenue, Louisville, KY 40205

and the name of the registered agent at that office is **Sarah Acland**.

8. The names and business addresses of the entity's representatives:

Officer	Ed Ward	6820 Cedar Ridge Court, Colorado Springs, CO 80919
Officer	Mark Strand	2208 25th Avenue South, Fargo, ND 58103
Director	Anne Means	54 Arboredge Way, Fitchburg, WI 53711
Director	Michael Malan	583 Mountain Pass View, Colorado Springs, CO 80906

9. This application will be effective on **Wednesday, May 22, 2024**.

As the Authorized Representative, I, **Ed Ward**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chairman**

I, **Sarah Acland**, consent to serve as the **Registered Agent** on behalf of this nonprofit corporation company.