



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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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
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Kentucky Babe's Inc

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is

| | | | |
|--|----------------------|-----------------|-----------------|
| <u>130 Vincewood Drive</u> | <u>Nicholasville</u> | <u>Kentucky</u> | <u>40356</u> |
| Street Address (No Post Office Box Numbers) | City | State | Zip Code |

and the name of the initial registered agent at that office is Cynthia Romanowitz

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

| | | | |
|---|----------------------|-----------------|-----------------|
| <u>130 Vincewood Drive</u> | <u>Nicholasville</u> | <u>Kentucky</u> | <u>40356</u> |
| Street Address or Post Office Box Number | City | State | Zip Code |

Article V: The name and mailing address of the incorporator is as follows:

| | | | | |
|---------------------------|---|----------------------|-----------------|-----------------|
| <u>Cynthia Romanowitz</u> | <u>130 Vincewood Drive</u> | <u>Nicholasville</u> | <u>Kentucky</u> | <u>40356</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 VI: 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)

Please indicate the county in which your business operates:

County: Jessamine

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☒ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input checked="" type="checkbox"/> Other | | | |

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

| | | | |
|----------------------------------|------------------------|------------------------|------------------|
| | <u>David M. Kaplan</u> | <u>Attorney at Law</u> | <u>9/11/2018</u> |
| Signature of Incorporator | Printed Name | Title | Date |

I, Cynthia Romanowitz, consent to serve as the registered agent on behalf of the corporation.

| | | | |
|---------------------------------------|---------------------------|--------------|------------------|
| <u>Cynthia Romanowitz</u> | <u>Cynthia Romanowitz</u> | <u>Agent</u> | <u>0/11/2018</u> |
| Print Name of Registered Agent | Printed Name | Title | Date |

Signature of Registered Agent