

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1378440.09
Michael G. Adams
Secretary of State
Received and Filed
7/12/2024 12:00:00 AM
Fee receipt: \$90

N101

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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

National Down Syndrome Society

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

NATIONAL DOWN SYNDROME SOCIETY INC.

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

5. The date of organization is **6/20/1979** and the period of duration is **perpetual**.

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

1155 15th Street, NW, Suite 540, Washington, DC 20005

7. The name of the initial registered agent is

Registered Agents Inc

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

212 N. 2nd Street, STE 100, Richmond, KY 40475

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

Officer John Short 1155 15th Street, NW, Suite 540, Washington, DC 20005

9. This application will be effective on **Friday, July 12, 2024**.

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

Signature of individual signing on behalf of **Treasurer: John Short**

I, **David Roberts, Assistant Secretary**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Friday, July 12, 2024.