



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

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**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/23/2020 8:28 AM  
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**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Articles of Incorporation**  
**Profit Corporation**

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 Technical Fulfillment, Inc.

Article II: The number of shares the corporation is authorized to issue is 100

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

987 Primrose Court	Lexington	KY	40511
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is James T. Hayden Sr.

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

987 Primrose Court	Lexington	KY	40511
Street Address or Post Office Box Number	City	State	Zip Code

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

James T Hayden Sr.	800 Westchester Drive	Lexington	KY	40502
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 effective date is 4/22/2020

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

Please indicate the county in which your business operates:

County: Fayette

*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 applies to 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 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			

DocuSigned by:

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

<u>James T Hayden</u>	James T Hayden Sr.	President	4/22/2020
Signature of Incorporator	Printed Name	Title	Date
I, <u>James T Hayden Sr.</u> , consent to serve as the registered agent on behalf of the corporation.			
<u>James T Hayden</u>	James T Hayden Sr.	President	4/22/2020
Signature of Registered Agent	Printed Name	Title	Date