



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
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 TAILGATING FOR TROOPS CORP.

Article II: The purpose for which the corporation is organized RAISE FUND TO HIRE DISABLED VETERANS

Article III: The name of the registered agent is JOSEPH B. MONTGOMERY

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

1455 SHIREPEAK WAY INDEPENDENCE KY 41051
 Street Address (No Post Office Box Numbers) City State Zip Code

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

1455 SHIREPEAK WAY INDEPENDENCE KY 41051
 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 _____.

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>JOE MONTGOMERY</u>	<u>1455 SHIREPEAK WAY</u>	<u>INDEPENDENCE</u>	<u>KY</u>	<u>41051</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>JULIE MONTGOMERY</u>	<u>1455 SHIREPEAK WAY</u>	<u>INDEPENDENCE</u>	<u>KY</u>	<u>41051</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>SAM DEEDS</u>	<u>3935 SHERBOURNE DR.</u>	<u>INDEPENDENCE</u>	<u>KY</u>	<u>41051</u>
Name	Street or PO Box Number	City	State	Zip Code

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

JOE MONTGOMERY 1455 SHIREPEAK WAY INDEPENDENCE KY 41051
 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.

JB MONTGOMERY JOSEPH B. MONTGOMERY CEO 2/18/15
 Signature of Incorporator Print Name & Title Date

I, JOSEPH B. MONTGOMERY, consent to serve as the registered agent on behalf of the corporation.
 Print Name of Registered Agent

JB MONTGOMERY JOSEPH B. MONTGOMERY CEO 2/18/15
 Signature of Registered Agent Print Name & Title Date