



**COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

<b>Division of Business Filings</b> <b>Business Filings</b> PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Articles of Incorporation</b> <b>Profit Corporation</b>	<b>PAI</b>
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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 Bright Beginners Montessori, Inc.

Article II: The number of shares the corporation is authorized to issue is 930

Article III: The street address of the corporation's initial registered office in Kentucky is  
234 North Limestone Lexington Kentucky 40507  
 Street Address (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is M. Scott Mattmiller

Article IV: The mailing address of the corporation's principal office is  
c/o Kamalika V. Perera, 10070 Highway 44 East Mount Washington Kentucky 40047  
 Street Address or Post Office Box Number City State Zip Code

Article V: The name and mailing address of the incorporator is as follows:  
M. Scott Mattmiller 234 North Limestone Lexington Kentucky 40507  
 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)

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

[Signature] M. Scott Mattmiller Counsel, Authorized Agent January 7, 2014  
 Signature of Incorporator Printed Name Title Date

I, [Signature] M. Scott Mattmiller consent to serve as the registered agent on behalf of the corporation.  
 Print Name of Registered Agent

[Signature] M. Scott Mattmiller Counsel/Authorized Agent 1/8/14  
 Signature of Registered Agent Printed Name Title Date