Commonwealth of Kentucky Michael G. Adams, Secretary of State

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

Articles of Incorporation Non-profit Corporation

1387455.09 Michael G. Adams Secretary of State Received and Filed 8/15/2024 12:00:00 AM Fee receipt: \$8

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Please Note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Incorporation.Pursuant to KRS 14A and KRS 273, the undersigned hereby forms a nonprofit corporation and for that purpose sets forth the following:

Article I: The name of the nonprofit corporation is

WILLIAM JOSEPH CRISIS NURSERY Inc.

Article II: The purpose of the nonprofit corporation is **Emergency child caring facility to provide for** short term care needs of children that have been removed from the care and custody of parents and/or family during a criminal and/or CPS investigation.

Article III: The name of the initial registered agent is

Kyle Thomas Thompson

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

100 East Main St., Frankfort, KY 40601

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

100 East Main St., Frankfort, KY 40601

Article V: The number of directors constituting the initial board of directors is **3** The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

| Director | Rachel Moore Rawlings | 406 W. 4th St., Frankfort, KY 40601 |
|----------|-----------------------|--|
| Director | Patricia M Hamilton | 216 Oak Ridge Dr., Frankfort, KY 40601 |
| Director | Kyle Thomas Thompson | 100 East Main St., Frankfort, KY 40601 |

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

Incorporator Rachel Moore Rawlings 406 W. 4th Street, Frankfort, KY 40601

This filing will be effective on Thursday, August 15, 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 **Incorporator: Rachel M. Rawlings**

l, **Kyle Thomas Thompson**, consent to serv Agent on behalf of this entity on Thursday, A

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