

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1375256.09
Michael G. Adams
Secretary of State
Received and Filed
6/28/2024 12:00:00 AM
Fee receipt: \$8

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

NAI

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

Uplifted Recovery Incorporated

Article II: The purpose of the nonprofit corporation is **Religious and charitable outpatient care center**

Article III: The name of the initial registered agent is

Sabra Wilson

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

607 N Broadway, Lexington, KY 40508

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

607 N Broadway, Lexington, KY 40508

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	Sabra Wilson	607 N Broadway, Lexington, KY 40508
Director	Don Offutt II	607 N Broadway, Lexington, KY 40508
Director	Sheala Lacangan	607 N Broadway, Lexington, KY 40508

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

Incorporator Sabra Wilson 607 N Broadway, Lexington, KY 40508

This application will be effective on **Friday, June 28, 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: Sabra Wilson**

I, **Sabra Wilson**, consent to sign for **Sabra V**
the Registered Agent on behalf of this entity
2024.

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