



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1336357.09

dwiliams  
PAOI

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/26/2024 10:00 AM  
Fee Receipt: \$50.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Incorporation  
Profit Corporation

PAI

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 Arimes Consulting, Inc.

Article II: The number of shares the corporation is authorized to issue is 1,000

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

2432 Aristocracy Circle	Lexington	KY	40509
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is George N Arimes

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

2432 Aristocracy Circle	Lexington	KY	40509
Street Address or Post Office Box Number	City	State	Zip Code

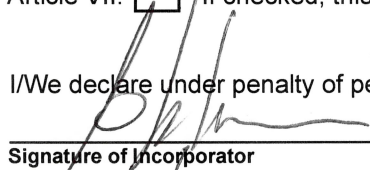
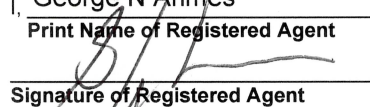
Article V: The name and mailing address of the incorporator is as follows:

George N Arimes	2432 Aristocracy Circle	Lexington	KY	40509
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.

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

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

	George N Arimes	President	1/24/2024
Signature of Incorporator	Printed Name	Title	Date
I, George N Arimes	, consent to serve as the registered agent on behalf of the corporation.		
Print Name of Registered Agent			
	George N Arimes	President	1/24/2024
Signature of Registered Agent	Printed Name	Title	Date