

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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Secretary of State  
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**Articles of Incorporation  
Non-profit Corporation**

**NAI**

Pursuant to KRS 14A and KRS 273, the undersigned applied to qualify and for that purpose submits the following statements:

**Article I:** The name of the corporation is

**KENTUCKY RECOVERY VOCATIONAL WORKFORCE AND RE-ENTRY INC.**

**Article II:** The purpose for which the corporation is organized: **To support the mental and physical wellbeing of our clients while providing them the education and tools needed to successfully re-enter society and the workforce drug and alcohol free.**

**Article III:** The name of the registered agent is

**Scott Wells**

and the street address of the corporation's initial registered office in Kentucky is **205 Main Street, Russell Springs, KY 42642**

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

**P.O. Box 705, Russell Springs, KY 42642**

**Article VI:** The number of directors constituting the initial board of directors is **3**

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

**Scott Wells P.O. Box 705, Russell Springs, KY 42642**

**Marsha Wells P.O. Box 705, Russell Springs, KY 42642**

**Alexander Williams 518 Silverbrook Drive, Danville, KY 40422**

**Article VIII:** The name and street address of the incorporator is as follows:

**Scott Wells P.O. Box 705, Russell Springs, KY 42642**

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

**Scott Wells**

**President**

**7/7/2023**

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I, **Scott Wells**, consent to serve as the Registered Agent on behalf of the corporation.

**Scott Wells**

**President**

7/7/2023

