

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>

Certificate of Authority

FBE

N101  
1366063.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/20/2024 12:00:00 AM  
Fee receipt: \$90

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **nonprofit corporation**.

2. The name of the entity is

**Community Education Group**

3. The name of the entity to be used in Kentucky is

**COMMUNITY EDUCATION GROUP, INC.**

4. The state or country under whose law the entity is organized is **District of Columbia**.

5. The date of organization is **8/10/1993** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**110 Whispering Pines Way, Lost City, WV 26810**

7. The street address of the entity's registered office in Kentucky is

**9900 Corporate Campus Drive, Suite 3000, LOUISVILLE, KY 40223**

and the name of the registered agent at that office is **LEGALINC CORPORATE SERVICES INC..**

8. The names and business addresses of the entity's representatives:

<b>Officer</b>	Betty Prichard	110 Whispering Pines Way Lost City	WV	26810
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9. This application will be effective on **Monday, May 20, 2024**.

As the Authorized Representative, I, **Betty Prichard**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CFO/Treasurer**

I, **John Moseley**, consent to sign for **LEGALINC CORPORATE SERVICES INC.** who serves as the **Registered Agent** on behalf of this nonprofit corporation company.