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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/4/2014 1:02 PM Fee Receipt: \$8.00

amcray NAOI

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filin Business Filings	ngs A	Articles of Incorporation			NAI	
PO Box 718	1	Ion-profit Corp	oration			
Frankfort, KY 40602		Please note: This for	m does not comply with	501 (C) status. You should	contact the Internal I	Revenue
			form does not comply with 501 (C) status. You should contact the Internal Revenue ng the Articles of Incorporation.			
	KD0 070 #					
Pursuant to KRS 14A and					bliowing statement	S.
Article I: The name of the c	corporation is	Letcher County	Tree of Hope, I	nc.		
Article II: The purpose for v	which the cor	poration is organized	supply Christm	as presents to need	y children in th	ne county
Article III: The name of the	registered a	_{gent is} Ashley Re	enee' Elkins			
and the street address of t	ne corporatio	n's initial registered	office in Kentucky is			
659 HWY 2035			Whitesburg Kentucky		/ 41858	
Street Address (No Post Office Box Numbers)			City	State	Zip Code	
Article IV: The mailing add	ress of the c	orporation's principal	office is			
659 HWY 2035			Whitesburg	Kentucky	418	58
Street or PO Box Number			City	State	Zip Co	ode
Article V: The number of di	rectors (min	mum of three (3) rec	uired) constituting th	ne initial board of directors	s is 3	
The names and mailing ad						
Mary L Richardson	ry L Richardson 659 HWY 2035			Whitesburg	Kentucky	41858
Name	Street or PO	Box Number		City	State	Zip Code
Keanna E Webb				Jenkins	Kentucky	41537
Name	Street or PO Box Number			City	State	Zip Code
Marty R Richardson 659 HWY 2035				Whitesburg	Kentucky	41858
Name	Street or PO	Box Number		City	State	Zip Code
Article VI: The name and n	nailing addre	ss of the incorporato	or is			
Ashley Renee Elkins 659 HWY 2035				Whitesburg	Kentucky	41858
Name	Street Addre	ss 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 VII: This application delayed effective date can				ate and/or time is	vided. The effective	
I/We declare under penalty	of perjury u	nder the laws of the	state of Kentucky the	at the foregoing is true an	d correct.	2
ahuy Rone Elkins Ashley Elki				, Owner	Owner 8/4/2014	
Signature of Incorporator			Print Name & Titl	e	Date	
I, Ashley Elkins			, consent	to serve as the registered	l agent on behalf o	f the corporatior
Print Name of Registered	Agent	0.0.1				

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 Openal
 Ashley Elkins, Owner
 8/4/2014

 Signature of Registered Agent
 Print Name & Title
 Date