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

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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

#### **ODYSSEYGROUPKY Inc.**

Article II: The purpose of the nonprofit corporation is sober living

Article III: The name of the initial registered agent is

## **Brittany Johnson**

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

848 Laurel Hill Rd., Lexington, KY 40504

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

### 848 Laurel Hill Rd., Lexington, KY 40504

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	Brittany Johnson	848 Laurel Hill Rd., Lexington, ky 40504
Director	Aaron Eaton	848 Laurel Hill Rd., Lexington, Ky 40504
Director	Ronald Johnson	848 Laurel Hill Rd, Lexington, KY 40504

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

**Incorporator** Brittany Johnson 848 Laurel Hill Rd., Lexington, KY 40504

This filing will be effective on Wednesday, September 25, 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: Brittany Johnson** 

NAOI

l, **Brittany Johnson**, consent to serve as the behalf of this entity on Wednesday, Septemb

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