## 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** 

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 business entity is a **nonprofit corporation**.
- 2. The name of the entity is: **NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.**
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. The state or country whose law the entity is organized is Georgia.
- 5. The date of organization is 10/26/1993 and the period of duration is perpetual.

## 7. Principal Office

600 Peachtree Street NE Ste. 1000 Atlanta , GA 30308

8. Required Representatives

Officer	Judith Monroe	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Officer	Monique S. Patrick	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Officer	Nedra Jones	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Secretary	Raymond Baxter	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Director	David Aldridge	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Director	Brooks Bell	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Director	Elaine Chambers	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Director	Leah Devlin	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308
Director	Robert Franklin	600 Peachtree Street NE Ste. 1000	Atlanta	GA	30308

Director   Shirley Franklin   600 Peachtree   Atlanta   Street NE Ste.   1000   Michael G. Adams   KY Secretary of State   Received and Filed   1/9/2023 12:01:58 PM   Fee receipt: \$90.00						
Director         Phil Kent         600 Peachtree Street NE Ste. 1000         Atlanta Street NE Ste. 1000         Received and Filed 1/9/2023 12:01:58 PM Fee receipt: \$90.00           Director         Jeffrey Koplan         600 Peachtree Ste. 1000         Atlanta GA 30308           Director         Laura Lane         600 Peachtree Atlanta Street NE Ste. 1000         Atlanta GA 30308           Director         James Marks         600 Peachtree Atlanta GA 30308           Street NE Ste. 1000         1000           Director         Dikembe Mutombo         600 Peachtree Atlanta GA 30308           Street NE Ste. 1000         Atlanta GA 30308           Director         Amelie Ramirez         600 Peachtree Atlanta GA 30308           Street NE Ste. 1000         Atlanta GA 30308	Director	Shirley Franklin		Atlanta		
Director  Jeffrey Koplan  600 Peachtree Street NE Ste. 1000  Director  Laura Lane  600 Peachtree Atlanta  GA 30308  Street NE Ste. 1000  Director  James Marks  600 Peachtree Atlanta  GA 30308  Street NE Ste. 1000  Director  Dikembe Mutombo  600 Peachtree Atlanta  GA 30308  Street NE Ste. 1000  Director  Amelie Ramirez  600 Peachtree Atlanta  GA 30308  GA 30308  Street NE Ste. 1000  Amelie Ramirez  600 Peachtree Atlanta  GA 30308  GA 30308	Director	Phil Kent	600 Peachtree Street NE Ste.	Atlanta	Received and Filed 1/9/2023 12:01:58 PM	
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DirectorJames Marks600 Peachtree Ste. 1000AtlantaGA30308DirectorDikembe Mutombo600 Peachtree Ste. 1000AtlantaGA30308DirectorAmelie Ramirez600 Peachtree Ste. 1000AtlantaGA30308DirectorAmelie Ramirez600 Peachtree Ste. 1000AtlantaGA30308	Director	Laura Lane	600 Peachtree Street NE Ste.	Atlanta	GA	30308
Director  Dikembe Mutombo  600 Peachtree Atlanta  Street NE Ste. 1000  Amelie Ramirez  600 Peachtree Atlanta  GA 30308  Street NE Ste. 1000  Street NE Ste. 1000	Director	James Marks	600 Peachtree Street NE Ste.	Atlanta	GA	30308
Director Amelie Ramirez 600 Peachtree Atlanta GA 30308 Street NE Ste. 1000	Director	Dikembe Mutombo	600 Peachtree Street NE Ste.	Atlanta	GA	30308
	Director	Amelie Ramirez	600 Peachtree Street NE Ste.	Atlanta	GA	30308

## 9. Registered Agent/Office

URS Agents, LLC 306 West Main Street Suite 512 Frankfort, KY 40601

I, **Sandra Burns**, consent to sign for **URS Agents, LLC** who serves as the **Registered Agent** on behalf of this Entity.

on Monday, January 9, 2023

As the Authorized Representative, I, **Monique S. Patrick**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Operations Officer**