



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Statement of Consent of Registered Agent  
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is ☒ a corporation (KRS 271B, KRS 273 or KRS 274)  
☐ a limited liability company (KRS 275)  
☐ a limited partnership (KRS 362)  
☐ a limited liability partnership (KRS 362)  
☐ a business trust (KRS 386)
2. The name of the business entity is Community Awareness of Low Vision and Education of Blindness in Societies (CALEBS).
3. The state or country of incorporation, organization or formation is Kentucky
4. The name of the initial registered agent is Carey Moore
5. The street address of the registered office address in Kentucky is:  
4810 Straight Creek Ashland Kentucky 41102  
Street Address (No Post Office Box Numbers) City State Zip Code
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

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

Carey Moore  
Signature of Registered Agent

Carey Moore  
Printed Name

Incorporator  
Title