

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

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Michael G. Adams  
KY Secretary of State  
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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**

Pursuant to KRS 14A and KRS 273, the undersigned applied to qualify and for that purpose submits the following statements:

**Article I:** The name of the corporation is

**BURKS & BROWN @ THE THERAPY ROOM CORPORATION**

**Article II:** The purpose for which the corporation is organized: **MENTAL HEALTH AND COMMUNITY EMPOWER**

**Article III:** The name of the registered agent is

**ESHU BROWN**

and the street address of the corporation's initial registered office in Kentucky is **239 SOUTHWESTERN PKWY, LOUISVILLE, KY 40212**

**Article IV:** The mailing address of the corporation's initial principal office is

**4211 CANE RUN RD, LOUISVILLE, KY 40216**

**Article VI:** The number of directors constituting the initial board of directors is **3**

**Article VII:** The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

**ESHU BROWN 239 SOUTHWESTERN PKWY, LOUISVILLE, KY 40212**

**JAMES BURKS 927 SOUTHVIEW RD, LOUISVILLE, KY 40214**

**JAMES MITCHELL 3710 VON SPEIGEL ST, LOUISVILLE, KY 40211**

**Article VIII:** The name and street address of the incorporator is as follows:

**ESHU BROWN 239 SOUTHWESTERN PKWY, LOUISVILLE, KY 40212**

**JAMES BURKS 927 SOUTHVIEW RD, LOUISVILLE, KY 40214**

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

**ESHU BROWN**

**PRESIDENT**

7/25/2023

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I, **ESHU BROWN**, consent to serve as the Registered Agent on behalf of the corporation.

**ESHU BROWN**

**PRESIDENT**

7/25/2023

