



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490

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 corporation is Glenmary Village Resident Association, Inc.

Article II: The purpose for which the corporation is organized is to maintain and operate the property commonly known as "Glenmary Village Subdivision", including the common areas and facilities, and to establish and collect assessments with respect thereto.

Article III: The name of the registered agent is C T Corporation System

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

306 W. Main Street, Suite 512	Frankfort	KY	40601
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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

400 Galleria Parkway, Suite 1450	Atlanta	GA	30339
Street or P.O. Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) 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:

Paul Ahls	400 Galleria Parkway, Suite 1450	Atlanta	GA	30339
Name	Street or P.O. Box Number	City	State	Zip Code
Brian Soss	400 Galleria Parkway, Suite 1450	Atlanta	GA	30339
Name	Street or P.O. Box Number	City	State	Zip Code
Mary Beth Woodard	5429 LBJ Freeway, Suite 800	Dallas	TX	75240
Name	Street or P.O. Box Number	City	State	Zip Code

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

Paul Ahls	400 Galleria Parkway, Suite 1450	Atlanta	GA	30339
Name	Street Address or P.O. Box Number	City	State	Zip Code
Name	Street Address or P.O. Box Number	City	State	Zip Code

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

Article VII: _____

Please indicate if the following applies to your business ownership:

☐ Veteran Owned (a nonprofit business which is at least fifty-one percent (51%) unconditionally managed by one (1) or more veterans.)

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

Paul Ahls
Signature of Incorporator

Paul Ahls, Director

02/08/2024

Print Name & Title

Date

I, C T Corporation System
Print Name of Registered Agent

consent to serve as the registered agent on behalf of the corporation.

By: Stephanie Hencz
Signature of Registered Agent

Stephanie Hencz Executive Assistant

2/16/24

Print Name & Title

Date