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Alison Lundergan Grimes
Kentucky Secretary of State
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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

Articles of Incorporation
Non-profit Corporation

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

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

Article I: The name of the corporation is North American Association of Racetrack Veterinarians, Inc.

Article II: The purpose for which the corporation is organized Ensure the health and well-being of the racehorse

Article III: The name of the registered agent is Erica Minks

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

<u>4904 Iron Works Road</u>	<u>Georgetown</u>	<u>KY</u>	<u>40324</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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

<u>PO Box 55168</u>	<u>Lexington</u>	<u>KY</u>	<u>40555</u>
Street or PO 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:

<u>Dr. Clara K. Fenger</u>	<u>4904 Iron Works Road</u>	<u>Georgetown</u>	<u>KY</u>	<u>40324</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Dr. Don Shields</u>	<u>21 Woodland Lane</u>	<u>Arcadia</u>	<u>CA</u>	<u>91006</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Dr. Nick Meittinis</u>	<u>16116 Carroll Road</u>	<u>Monkton</u>	<u>MD</u>	<u>21111</u>
Name	Street or PO Box Number	City	State	Zip Code

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

<u>Erica Minks</u>	<u>323 Richmond Avenue</u>	<u>Lexington</u>	<u>KY</u>	<u>40502</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VII: 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 _____

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. (Delayed effective date and/or time)

<u>Erica Minks</u>	<u>Erica Minks, Executive Director</u>	<u>3/31/2015</u>
Signature of Incorporator	Print Name & Title	Date

I, Erica Minks, consent to serve as the registered agent on behalf of the corporation.

<u>Erica Minks</u>	<u>Erica Minks, Executive Director</u>	<u>3/31/2015</u>
Signature of Registered Agent	Print Name & Title	Date