

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

NAOI  
1431276.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/19/2025 12:00:00 AM  
Fee receipt: \$8

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**

**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 nonprofit corporation is

**Mary's Safe Haven Transitional Housing, Inc**

Article II: The purpose of the nonprofit corporation is **Financial Management, Saves time, customer service and reduces stress**

Article III: The name of the initial registered agent is

**Marys Safe Haven Transitional Housing**

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

**2109 Cincinnati Rd, Georgetown, KY 40324**

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

**2109 Cincinnati Rd, Georgetown, KY 40324**

Article V: The number of directors constituting the initial board of directors is **4**

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

|                 |                                       |  |
|-----------------|---------------------------------------|--|
| <b>Director</b> | Marys Safe Haven Transitional Housing | 2109 Cincinnati Rd, Georgetown, KY 40324 |
| <b>Director</b> | Marys Safe Haven Transitional Housing | 2109 Cincinnati Rd, Georgetown, KY 40324 |
| <b>Director</b> | Marys Safe Haven Transitional Housing | 2109 Cincinnati Rd, Georgetown, KY 40324 |
| <b>Director</b> | Richard A Abell                       | 2109 Cincinnati Rd, Georgetown, KY 40324 |

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

|                     |                                       |  |
|---------------------|---------------------------------------|--|
| <b>Incorporator</b> | Marys Safe Haven Transitional Housing | 2109 Cincinnati Rd, Georgetown, KY 40324 |
|---------------------|---------------------------------------|--|

This filing will be effective on **Wednesday, February 19, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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

Signature of individual signing on behalf of **Integrity**  
**Gray**

I, **Julie A Gray**, consent to sign for **Marys Safe Haven Transitional Housing** who serves as the Registered Agent on behalf of this entity on Wednesday, February 19, 2025.

