

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>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **nonprofit corporation**.
2. The name of the entity is: **ARTISTS FOR TRAUMA**
3. The name of the entity to be used in Kentucky is (if applicable): **ARTISTS FOR TRAUMA INC.**
4. The state or country whose law the entity is organized is **California**.
5. The date of organization is **1/19/2012** and the period of duration is **perpetual**.

6. Principal Office

4267 Marina City Drive PH6
Marina Del Rey, CA 90292

7. Required Representatives

Officer	Laura Sharpe	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Officer	Lisa Lee	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Kimberly K Rath	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Dr. Thomas Duncan	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Aaron Baker	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Kirk Scott	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Christina Noonan	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Reed Epstein	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Secretary	Karen Michelle	4267 Marina City Drive PH6	Marina Del Rey	CA	90292
Director	Ford Austin	4267 Marina City Drive PH6	Marina Del Rey	CA	90292

8. Registered Agent/Office

Bourke Accounting, LLC
1941 Bishop Lane STE 102
Louisville, KY 40218

I, **Aundre Henderson**, consent to sign for **Bourke Accounting, LLC** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, November 16, 2023

As the Authorized Representative, I, **Laura Sharpe** , declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**

