COMMONWEALTH OF KENTUCKY

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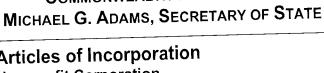
Michael G. Adams Kentucky Secretary of State Received and Filed: 2/22/2024 2:13 PM Fee Receipt: \$8.00

NAI

(502) 564-3490		Please note: This form do contact the Internal Reven	nue Service prior to fil	ing the Articles of Incorpo		
Pursuant to KRS 14A and	d KRS 273	, the undersigned hereby	forms a nonprofit c	orporation and for that	purpose sets forth	the following:
Article I: me hante et al.	a which the	on is East KY Bringin corporation is organized	is Community	outreach, providir	ng opportunite	s for inuivia
Article II: The purpose to	r which the	Corporation is organized.				
with special needs	S					
Article III: The name of the	he registere	ed agent is Benjamin H				
and the street address o	f the corpo	ration's initial registered o	ffice in Kentucky is	1/V	41	635
4161 KY RT 3379			Harold			Code
Street Address (No Post (Office Box N	lumbers)	City	State	-14	0000
Article IV: The mailing addr	ress of the co	prporation's principal office is			4.1	635
PO Box 83			Betsy Layne			
	er		City	State	•	Code
	f directors ((minimum of three (3) requ	uired) constituting t	he initial board of direc	tors is <u>3</u>	
Article V: The number o	i unectora i	of the persons who are to	sonve as the initia	I board of directors are	as follows:	
	addresses	of the persons who are u		Harold	KY	41635
Tammy Tucker		and B Mobile Home	FR	City	State	Zip Code
Name		r P.O. Box Number		Harold	KY	41635
Linda Potter		KY RT 3379	······	City	State	Zip Code
Name		r P.O. Box Number		Harold	KY	41635
Ben Hall		KY RT 3379 or P.O. Box Number		City	State	Zip Code
Name						
Article VI: The name ar	nd mailing a	address of the incorporato	ris			1400
Benjamin Hall	4161	KY RT 3379		Harold	<u>KY</u>	4163
Name	Street	Address or P.O. Box Number		City	State	Zip Code
Tammy Tucker	46 B	and B Mibile Home	e Pk	Harold	KY	41635
Name	Street	Address or P.O. Box Number		City	State	Zip Cod
(Additional articles not Article VII:		nt with law may be stated ir	n the space below o	r additional pages may t	be attached and inco	prporated by ref
Please indicate if the f	ollowing ap	plies to your business owne	ership:	in a state of the	hu ang (1) or more vi	otorans)
Uveteran Owned (a r	nonprofit bu	plies to your business owne siness which is at least fifty-	one percent (51%) u	nconditionally managed	by one (1) of more ve	sterans.
Leafers under popol	lty of periury	under the laws of the state o	of Kentucky that the fo	pregoing is true and correct	ot.	
			Tam	T	$\partial \eta \eta$	124
	ucken		Print Name & 1	Title	Date / L	1-1
Signature of Incorporat	tor		T THE NUMBER OF	e on the registered agent of	an babalf of the corne	ration
			i conservation a service	an the registered agent (In Denati of the CODO	10000

Benjamin Hall	, consent to serve as the registered agent on be
Print)Name of Registered Agent	Benjamin Hall- Director Print Name &Title

(1 24)



Articles of Incorporation Non-profit Corporation

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.

W

Division of Business Filings

Business Filings

Frankfort, KY 40602

P.O. Box 718.

and the street address of the corporation's initial registered	office in Kentucky is		
	Harold	KY	41635
4161 KY RT 3379	City	State	Zip Code
Street Address (No Post Office Box Numbers)			
Article IV: The mailing address of the corporation's principal office	s Betsy Layne	КY	41635
PO Box 83		State	Zip Code
Street or P.O. Box Number	City	3	

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