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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 8/2/2024 12:00 AM Fee Receipt: \$8.00

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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

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 Many Miles For Malakai Inc.

Article II: The purpose for which the corporation is organized is To enhance the quality of life, education, and opportunity for children

affected by gun violence. This will include Malakai Roberts who was blinded by gunfire into his home in 2020.

Article III: The name of the registered agent is James Corey Doane

1805 Browning Trace		Lexington KY		4	40509	
Street Address (No Post Office Box Numbers)		City State		Zip Code		
Article IV: The mailing addre	ess of the corporation's principal office is					
1805 Browning Trace		Lexington	KY	40509		
Street or P.O. Box Number		City	State	Zip Code		
Article V: The number of	directors (minimum of three (3) requi	ired) constituting	the initial board of dire	ctors is <u>3</u>	9 	
The names and mailing a	addresses of the persons who are to	serve as the initia	al board of directors are	e as follows:		
James Corey Doane	1805 Browning Trace		Lexington	KY	40509	
Name	Street or P.O. Box Number		City	State	Zip Code	
Jon Darius Ford						

Jon Darius Ford	3216 Winged Foot Circle	Lexington	KY	40509
Name	Street or P.O. Box Number	City	State	Zip Code
Phyllis Ann Stephens	1805 Browning Trace	Lexington	KY	40509
Name	Street or P.O. Box Number	City	State	Zip Code
Article VI: The name and	mailing address of the incorporator is			
James Corey Doane	1805 Browning Trace	Lexington	KY	40509
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.)

□ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

Sul min	James Corey Doane (Presi	ident) 08/01/24
Signature of Incorporator	Print Name & Title	Date
I, James Corey Doane Print Name of Registered Agent	, consent to serve as the registered agent	on behalf of the corporation.
Sully 2	James Corey Doane (Pres	sident) 08/01/24
Signature of Registered Agent	Print Name &Title	Date