

**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  
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**Articles of Incorporation**  
**Non-profit Corporation**

**NAI**

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

**Article I:** The name of the corporation is

**SHOP WITH A COP OF CUMBERLAND COUNTY LTD.**

**Article II:** The purpose for which the corporation is organized: **To promote Charitable, Religious, Educational, and Social Welfare Purposes**

**Article III:** The name of the registered agent is

**Coleman M. Hurt**

and the street address of the corporation's initial registered office in Kentucky is **404 COURTHOUSE SQUARE, BURKESVILLE, KY 42717**

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

**P.O. BOX 414, BURKESVILLE, KY 42717**

**Article VI:** The number of directors constituting the initial board of directors is **3**

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

**Laurel J. Irby P.O. BOX 414, BURKESVILLE, KY 42717**  
**Coleman M. Hurt P.O. BOX 414, BURKESVILLE, KY 42717**  
**Keaton Williams P.O. BOX 414, BURKESVILLE, KY 42717**

**Article VIII:** The name and street address of the incorporator is as follows:

**Coleman M. Hurt P.O. BOX 414, BURKESVILLE, KY 42717**  
**Laurel J. Irby P.O. BOX 414, BURKESVILLE, KY 42717**  
**Keaton Williams P.O. BOX 414, BURKESVILLE, KY 42717**

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

**Coleman M. Hurt**

**Director**

11/10/2023

I, **Coleman M. Hurt**, consent to serve as the Registered Agent on behalf of the corporation.

**Coleman M. Hurt**

**Director**

11/10/2023

