

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1414086.09
Michael G. Adams
Secretary of State
Received and Filed
12/9/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **nonprofit corporation**.

2. The name of the entity is

Barnabas Foundation

3. The name of the entity to be used in Kentucky is

Barnabas Foundation Inc

4. The state or country under whose law the entity is organized is **Illinois**.

5. The date of organization is **4/21/1976** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

3801 Eagle Nest Dr Ste B, Crete, IL 60417

7. The name of the initial registered agent is

James Eriksen

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

4200 Springbourne Way Apt 104, Louisville, KY 40241

8. The names and business addresses of the entity's representatives:

Registered Agent	James P Eriksen	4200 Springbourne Way Apt 104, Louisville, KY 40241
Authorized Rep	James P Eriksen	4200 Springbourne Way Apt 104, Louisville, KY 40241
Officer	Angela Watkins	3801 Eagle Nest Dr Ste B, Crete, IL 60417
Authorized Rep	David Schutt	3801 Eagle Nest Dr Ste B, Crete, IL 60417

9. This filing will be effective on **Monday, December 9, 2024**.

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 **Authorized Rep:**

James P Eriksen

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I, **James P Eriksen**, consent to sign for **Jan**
serves as the Registered Agent on behalf of
December 9, 2024.

