



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1299787.09

mmoore
NAOI

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 8/9/2023 12:56 PM
 Fee Receipt: \$8.00

Division of Business Filings
Business Filings
 P.O. Box 718,
 Frankfort, KY 40602
 (502) 564-3490

Articles of Incorporation
Non-profit Corporation

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

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

Article I: The name of the corporation is INCLUSIVE HOUSING SOLUTIONS, INC.

Article II: The purpose for which the corporation is organized HOUSING FOR ADULTS WITH DISABILITIES

Article III: The name of the registered agent is DANIEL WICE

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

<u>1930 BISHOP LANE, STE 1001</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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

<u>1930 BISHOP LANE, STE 1001</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Street or P.O. Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

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

<u>DANIEL WICE</u>	<u>1930 BISHOP LANE, STE 1001</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Name	Street or P.O. Box Number	City	State	Zip Code
<u>KAREN LANE</u>	<u>1930 BISHOP LANE, STE 1001</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Name	Street or P.O. Box Number	City	State	Zip Code
<u>HOPE</u>	<u>DITTMEIER</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Name	Street or P.O. Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is

<u>DANIEL WICE</u>	<u>1930 BISHOP LANE, STE 1001</u>	<u>LOUISVILLE</u>	<u>KY</u>	<u>40218</u>
Name	Street Address or P.O. Box Number	City	State	Zip Code
Name	Street Address or P.O. Box Number	City	State	Zip Code

Article VII: This application will be effective upon filing.

Please indicate if the following applies to your business ownership:

☐ Veteran Owned

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

Daniel Wice

Signature of Incorporator

DANIEL WICE, PRESIDENT

Print Name & Title

Date

8/9/2023

DANIEL WICE

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the corporation.

Daniel Wice

Signature of Registered Agent

DANIEL WICE, PRESIDENT

Print Name & Title

Date

8/9/2023