

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1403787.09
Michael G. Adams
Secretary of State
Received and Filed
10/23/2024 12:00:00 AM
Fee receipt: \$8

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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Articles of Incorporation
Non-profit Corporation

NAI

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 nonprofit corporation is

COMMUNITY CARE FOUNDATION Inc.

Article II: The purpose of the nonprofit corporation is **Community Services**

Article III: The name of the initial registered agent is

Dev Subedi

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

9131 Fern Creek Road, Louisville, KY 40291

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

3944 Bardstown Road, Louisville, KY 40218

Article V: The number of directors 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:

Director	Dev Subedi	9131 Fern Creek Road, Louisville, KY 40291
Director	Bhim Koirala	9131 Fern Creek Road, Louisville, KY 40291
Director	Yam Rai	9131 Fern Creek Road, Louisville, KY 40291

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

Incorporator	Dev Subedi	15504 crystal valley way, Louisville, KY 40299
Incorporator	Bhim Koirala	361 Copper Creek Dr, mount washington, KY 40047

This filing will be effective on **Wednesday, October 23, 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 **Incorporator: Dev Subedi**

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I, **Dev Subedi**, consent to serve as the Reg
behalf of this entity on Wednesday, October

