



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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

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 Circle of Life Initiative, Inc

Article II: The purpose for which the corporation is organized Provide youth development programs for Teen Moms & Teen Dads.

Article III: The name of the registered agent is Tania Walker

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

<u>2005 Polk Lane</u>	<u>Lexington</u>	<u>Ky</u>	<u>40511</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>2005 Polk Lane</u>	<u>Lexington</u>	<u>Ky</u>	<u>40511</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 Three (3)

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

<u>Shamika Pearson</u>	<u>2081 Harrodsburg Road #1108</u>	<u>Lexington</u>	<u>Ky</u>	<u>40517</u>
Name	Street or P.O. Box Number	City	State	Zip Code
<u>Erica Hayden</u>	<u>2081 Harrodsburg Road #1108</u>	<u>Lexington</u>	<u>Ky</u>	<u>40511</u>
Name	Street or P.O. Box Number	City	State	Zip Code
<u>Kelan Weems</u>	<u>2081 Harrodsburg Road #1108</u>	<u>Lexington</u>	<u>Ky</u>	<u>40511</u>
Name	Street or P.O. Box Number	City	State	Zip Code

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

<u>Tania Walker</u>	<u>2005 Polk Lane</u>	<u>Lexington</u>	<u>Ky</u>	<u>40511</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.

	<u>Tania Walker, Founder</u>	<u>10/26/2023</u>
Signature of Incorporator	Print Name & Title	Date

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

	<u>Tania Walker, Founder</u>	<u>10/26/2023</u>
Signature of Registered Agent	Print Name & Title	Date