



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Incorporation Non-profit Corporation	NAI
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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 Michel Vital Foundation Incorporated

Article II: The purpose for which the corporation is organized To develop Christian activities for Haiti

Article III: The name of the registered agent is Barilonne Jeanty

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

<u>3129 Hewitt Ave</u>	<u>Louisville</u>	<u>Ky</u>	<u>40220</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>3129 Hewitt Ave</u>	<u>Louisville</u>	<u>Ky</u>	<u>40220</u>
Street or PO 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>Barilonne Jeanty</u>	<u>3129 Hewitt Ave</u>	<u>Louisville</u>	<u>KY</u>	<u>40220</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Quetty Angerville</u>	<u>42 Brookwood Dr</u>	<u>Maplewood</u>	<u>NJ</u>	<u>07040</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>Giovani Vital</u>	<u>42 Brookwood Dr</u>	<u>Maplewood</u>	<u>NJ</u>	<u>07040</u>
Name	Street or PO Box Number	City	State	Zip Code

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

<u>Jonathan Jeanty</u>	<u>3129 Hewitt Ave</u>	<u>Louisville</u>	<u>KY</u>	<u>40220</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

____	____	____	____	____
Name	Street Address or Post Office Box Number	City	State	Zip Code

____	____	____	____	____
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____ [Delayed effective date and/or time]

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

	<u>Jonathan Jeanty</u>	<u>2/27/14</u>
Signature of Incorporator	Print Name & Title	Date

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

	<u>Barilonne Jeanty/Director of Programs</u>	<u>2/27/14</u>
Signature of Registered Agent	Print Name & Title	Date