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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/23/2014 8:32 AM Fee Receipt: \$8.00

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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

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 Elizabethtown Symphony Orchestra, Inc.

Article II: The purpose for which the corporation is organized Musical Performances

Article III: The name of the registered agent is Lawrence V McCrobie

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

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171 Bobby St	Elizabethtown	KY	42701				
Street Address (No Post Office Box Numbers)	City	State	Zip Code				
Article IV: The mailing address of the corporation's principal office is							
171 Bobby St	Elizabethtown	KV	12701				

171 Bobby St	Elizabethtown	KY	42701
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 \_

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

Lawrence V McCrobie 171 Bobby St		E	lizabethtown	KY	42701
Name	Street or PO Box Number	Ci	ity	State	Zip Code
Jaemi Blair Loeb	205 S. Alta Ave.	Da	anville	KY	40422
Name	Street or PO Box Number	Ci	ity	State	Zip Code
Craig Payst	205 S. Alta Ave.	Da	anville	KY	40422
Name	Street or PO Box Number		ity	State	Zip Code
Article VI: The name and	mailing address of the incorporator	is			
Lawrence V McCrobie	∍ 171 Bobby St	El	lizabethtown	KY	42701
Name	Street Address or Post Office Box Number		ty	State	Zip Code
Name	Street Address or Post Office Box N	Number Ci	ity	State	Zip Code
Name	Street Address or Post Office Box N	Number Ci	ity	State	Zip Code
	n will be effective upon filing, unless nnot be prior to the date the applica			ed. The effective of	late or the
				fective date and/or	time)
I/We declare under penal	ty of perjury under the laws of the st	tate of Kentucky that th	ie foregoing is true and	correct.	
Kin	1/ c(rialing	Lawrence V Mc	Crobie, Founder	5/23/2014	
Signature of Incorporator	/	Print Name & Title		Date	
I, Lawrence V MC	Crobie	, consent to se	erve as the registered a	igent on behalf of t	he corporation
Drint Name of Periotered	Acont		0	5	•

Print Name of Registered Agent

Signature of Registered Agent