

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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**Certificate of Authority**

**FBE**

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **nonprofit corporation**.

2. The name of the entity is

**RESOURCE INSTITUTE, INC.**

3. The state or country under whose law the entity is organized is **North Carolina**.

4. The date of organization is **4/10/2001** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**2631 Reynolda Road Suite A, Winston-Salem, NC 27106**

6. The street address of the entity's registered office in Kentucky is

**212 N. 2nd St. STE 100, Richmond, KY 40475**

and the name of the registered agent at that office is **Northwest Registered Agent LLC**.

8. This application will be effective on **Wednesday, April 10, 2024**.

As the Authorized Representative, I, **Paula Hinkle**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Education & Communications Manager**

I, **Taylor Newman**, consent to sign for **Northwest Registered Agent LLC** who serves as the **Registered Agent** on behalf of this Entity.