1036794.09 mstratton NAOI

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/22/2018 8:03 AM
Fee Receipt: $8.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO 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 TECH-nique, Inc.

Article II: The purpose for which the corporation is organized To provide instruction in computer science to under-represented youth populat.

Article III: The name of the registered agent is McClain DeWees, PLLC, c/o Michael W. McClain, Esq.

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

Street Address (No Post Office Box Numbers)	City	State	Zip Code
6008 Brownsboro Park Boulevard, Suite H	Louisville	KY	40207

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

Street or PO Box Number	City	State	Zip Code
10415 Vantage Road	Louisville	KY	40299

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:

Name	Street or PO Box Number	City	State	Zip Code
Alisia M. McClain	10415 Vantage Road	Louisville	KY	40299
Timothy R. McClain	10415 Vantage Road	Louisville	KY	40299
Tiffany Dix	1629 Harmony Pointe	Prospect	KY	40059

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

Name	Street Address or Post Office Box Number	City	State	Zip Code
Michael W. McClain	6008 Brownsboro Park Boulevard, Suite H	Louisville	KY	40207

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 _____.

Please indicate the county in which your business operates:
County: Jefferson

To complete the following, please shade the box completely.

Please indicate which of the following best describes your business:

- [ ] Agriculture
- [ ] Wholesale Trade
- [ ] Public Administration
- [ ] Other
- [ ] Mining
- [ ] Retail Trade
- [ ] Transportation, Communications, Electric, Gas, Sanitary Services
- [x] Services
- [ ] Manufacturing
- [ ] Construction
- [ ] Finance, Insurance, Real Estate

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

Signature of Incorporator	Print Name & Title	Date
Michael W. McClain	Michael W. McClain, counsel	10/22/18

I, McClain DeWees, PLLC, c/o Michael W. McClain, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

Signature of Registered Agent	Print Name &Title	Date
Michael W. McClain	Michael W. McClain, counsel	10/22/18

(05/17)