

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

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.

www.sos.ky.gov	Service prior to filing the	e Articles of Incorpo	ration.		
Pursuant to KRS 14A and KRS 273,	the undersigned applies	to qualify and for	that purpose subm	nits the following sta	atements:
Article I: The name of the corporation	n is WORLD	SIGHT	INCOR	PORATE	-D
Article II: The purpose for which the	corporation is organized_	CHARL	TABLE		
Article III: The name of the registered	d agent is TRA	MAH	BROW	IN CEE	X包
and the street address of the corpora	ation's initial registered of	fice in Kentucky is	3		
Street Address (No Post Office Box No	T AVE	LOUISI	State	4	40206 Zip Code
Article IV: The mailing address of the	corporation's principal o	ffice is			
2646 FRANKEC Street or PO Box Number	KT AVE	LOUIS	WILLE State	KY	40206 Zip Code
Article V: The number of directors (m	ninimum of three (3) requi	ired) constituting t	the initial board of	directors is	
The names and mailing addresses of	f the persons who are to	serve as the initia	l board of directors	s are as follows:	
MOHAMMED ALL HA	ADER 301E	MUHAMMA	DAU BW	D. LOUSVI State	UE KY 402 Zip Code
Name Street or I	C. 4002 W/A	TERFORD	CIR ADT	6, LOUS)	LLE. KY 402
Name Street or I	PO Box Number	- 1.20	City	State	Zip Code
Name Street or I	PO Box Number	ITE THE	City	State	Zip Code
Article VI: The name and mailing add	dress of the incorporator i	S		- 10	
Name Street Add	DI E. MUHAMME dress or Post Office Box N	DALI BLU	D. LOOKO	IUE KY	4020 < Zip Code
MEERLY PATRIX ACC) WATERFORM	CIR AD	TGILDON	SVILLE K	40207
	dress or Post Office Box N	umber	City	State	Zip Code
Name Street Add	dress or Post Office Box N	umber	City	State	Zip Code
Article VII: This application will be eff				is provided. The	effective date or the
I/We declare under/penalty of perjury	\sim		1)	Delayed effective da	te and/or time)
((U)U)Ua SHT		JEHVM	B. CODIA	E WOLPSRATO	5,3012
Signature of Incorporator		Print Name & Tit	le	Date	(
Print Name of Registered Agent	27 CED MOC	, consent	to serve as the reg	gistered agent on b	ehalf of the corporati
((0))	200	TRAHAM F	BRITISN (78	XE.R.A.	5.30.12
Street, we of Perlistered Agent		Print Name & Titl	Α	Date	