

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/17/2025 8:40 AM Fee Receipt: \$8.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490

## Articles of Incorporation Non-profit Corporation

NAI

Please note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Incorporation.

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Pursuant to KRS 14A and KRS 273, the unders	signed hereby forms a nor	nprofit corporation a	nd for that purpose sets forti	n the following:	
Article I: The name of the corporation is	NE Marridge	MINISTRY	INC.		
Article II: The purpose for which the corporation	is organized is M.L.	WIER TO	Aught Marrie	1 Evanord	
or DATING Through B	iblical Leaso	100 5	-out symmetric	s, Lr Jages	
Article III: The name of the registered agent is			200		
and the street address of the corporation's initial	9		01		
		Province Address		11.	
5079 Powder Keg Tor- Street Address (No Post Office Box Numbers)	City	City State		<u> </u>	
Article IV: The mailing address of the corporation's pr	incipal office is		•		
5079 Powder Keg Dr Street or P.O. Box Number		ngTon	14	41005	
Street or P.O. Box Number	City	s	tate	Code	
Article V: The number of directors (minimum of	three (3) required) constit	tuting the initial boar	rd of directors is		
The names and mailing addresses of the person	ns who are to serve as th	e initial board of dire	ectors are as follows:		
TERRY D. Emerson 5079 Po Name Street or P.O. Box No.				41005	
		Burling	State	7/005 Zip Code	
Name Street or P.O. Box No.	can Rd	Moon V.	State	4/063 Zip Code	
		, -	7,2.0	were the server	
KYAN STRANGE 3142 Ki Name Street or P.O. Box No	imber	Burling	State	4/005 Zip Code	
Article VI: The name and mailing address of the	e incorporator is	(5.534)	02.32727	p	
	20			107 <b>6</b> 20 <del>2</del> 8	
Name Street Address or P.O.	D Box Number	Burlin	15701 IKY	71005 Zin Code	
	Z. DOX Humber	City	State	Zip Code	
Name Street Address or P.0	D. Box Number	City	State	Zip Code	
(Additional articles not incomistant with In-					
(Additional articles not inconsistent with law ma	y be stated in the space be	low or additional pag	ges may be attached and inco	rporated by reference.)	
☐ If checked, this is a veteran-owned busines	ss as defined by KRS 14A.	1-070(45) (Include	copies of DD-214 forms or a	ctive duty military IDs	
of all prospective veteran-owners with redacti	ons to remove social secu	urity numbers, date	s of birth, and home addres	ses. Note: DD-214s	
and military ID images will not be available for				state).	
Check, if applicable: ☐ This entity is a reta	iler of authorized vapor pr	oducts as defined b	y KRS 438.305(2).		
I/We declare under penalty of perjury under the laws	of the state of Kentucky that	the foregoing is true a	nd correct.		
Jeny O/neson	Terry ;	D. Emerson	Treasurer 1/13	2505	
Signature of Incorporator	Print Nam	e & Title	Date		
TERRY D. EMBRSON	, consent to	serve as the registere	d agent on behalf of the corpora	tion.	
Print Name of Registered Agent			1		
Jerry Olners	TERRY	D. Emerson	Treesurer 1/13	2025	
Signature of Registered Agent	Print Nam	e &Title	Date /	G -	