



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.

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 Reese's Resources, Inc.

Article II: The purpose for which the corporation is organized Provide services and resources to disadvantaged youth

Article III: The name of the registered agent is Constance G. Grayson

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

| | | | |
|--|----------------------|--------------|-----------------|
| <u>125 S. Main Street</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| Street Address (No Post Office Box Numbers) | City | State | Zip Code |

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

| | | | |
|--------------------------------|----------------------|--------------|-----------------|
| <u>508 Hillbrook Drive</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| 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 3

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

| | | | | |
|-----------------------|--------------------------------|----------------------|--------------|-----------------|
| <u>Shantelle Kemp</u> | <u>308 Hillbrook Drive</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| Name | Street or PO Box Number | City | State | Zip Code |
| <u>Wesley Pike</u> | <u>304 Lebeau Drive</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| Name | Street or PO Box Number | City | State | Zip Code |
| <u>Brian McLellan</u> | <u>305 Cannonball Drive</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| Name | Street or PO Box Number | City | State | Zip Code |

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

| | | | | |
|--------------------------|---|----------------------|--------------|-----------------|
| <u>Constance Grayson</u> | <u>125 S. Main St.</u> | <u>Nicholasville</u> | <u>KY</u> | <u>40356</u> |
| Name | Street Address or Post Office Box Number | City | State | Zip Code |

| | | | | |
|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Name | Street Address or Post Office Box Number | City | State | Zip Code |

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|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Name | Street Address or Post Office Box Number | City | State | Zip Code |

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 _____

(Delayed effective date and/or time)

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

| | | |
|----------------------------------|---------------------------------------|----------------------|
| <u>Constance Grayson</u> | <u>Constance G. Grayson, Attorney</u> | <u>Jan. 11, 2013</u> |
| Signature of Incorporator | Print Name & Title | Date |

I, Constance G. Grayson, consent to serve as the registered agent on behalf of the corporation.

| | | |
|--------------------------------------|-------------------------------|----------------------|
| <u>Constance Grayson</u> | <u>Constance G. Grayson</u> | <u>Jan. 11, 2013</u> |
| Signature of Registered Agent | Print Name & Title | Date |