

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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Articles of Incorporation  
Non-profit Corporation

NAI

NAOI  
1392099.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/31/2024 12:00:00 AM  
Fee receipt: \$8

**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. Pursuant to KRS 14A and KRS 273, the undersigned hereby forms a nonprofit corporation and for that purpose sets forth the following:

Article I: The name of the nonprofit corporation is

**Better You Community Health Services, Inc**

Article II: The purpose of the nonprofit corporation is **To provide essential health services to underserved or vulnerable populations. To offer health services at reduced or no cost, making healthcare more accessible to those who might otherwise be unable to afford it. This nonprofit will allow us to expand our impact beyond our private practice and address broader community health needs.**

Article III: The name of the initial registered agent is

**TaLesha Leachman**

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

**734 W Main St Ste 106, Louisville, KY 40202**

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

**734 W Main St Ste 106, Louisville, KY 40202**

Article V: The number of directors constituting the initial board of directors is **4**

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

<b>Director</b>	Nicole Fletcher-Griggs	734 W Main St Ste 106, Louisville, KY 40202
<b>Director</b>	TaLesha Leachman	734 W Main St Ste 106, Louisville, KY 40202
<b>Director</b>	Shirley Woods	734 W Main St Ste 106, Louisville, KY 40202
<b>Director</b>	Lisa Brady	734 W Main St Ste 106, Louisville, KY 40202

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

**Incorporator** TaLesha Leachman 734 W Main St Ste 106, Louisville, KY 40202

This filing will be effective on **Saturday, August 31, 2024.**

I declare under penalty of perjury under the laws of the state of

Kentucky that the foregoing is true and correct.  
Signature of individual signing on behalf of In  
**Leachman**

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I, **TaLesha Leachman**, consent to sign for **TaLesha Leachman**  
who serves as the Registered Agent on behalf of this entity on  
Saturday, August 31, 2024.

