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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602

## Articles of Incorporation Non-profit Corporation

NAI

PO Box 718, Frankfort, KY 40602 (502) 564-3490		Non-profit Corporation  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 a	nd KRS 273,	the undersigned	applies to qualify and fo	or that purpose submits th	ne following statem	nents:	
Article I: The name of the	ne corporatio	n is_ F.O.C.U.S. E	Basketball Academy, Inc	2			
Article II: The purpose f	or which the	corporation is org	anized To provide life l	essons in teamwork and	discipline through	instruction and come	
		•		Michael W. McClain, Esq			
and the street address	•						
6008 Brownsboro Park Boulevard, Suite H				Louisville KY		40207	
Street Address (No Post Office Box Numbers)			City	State	Zip Code		
Article IV: The mailing add	ress of the cor	poration's principal	office is		•		
2041 River Road		p a ramon a primarpa.	Louisville	KY	41	0206	
Street or PO Box Number			City	State	Zip Code		
Article V: The number o	f directors (n	ninimum of three (	•	the initial board of direc			
			are to serve as the init	ial board of directors are	as follows:		
Timothy D. Barnett	2041 Riv			Louisville	<u>KY</u>	40206	
Name	Street or	PO Box Number		City	State	Zip Code	
Darryl Barnett	2041 Riv		1-/	Louisville	KY	40206	
Name	Street or PO Box Number			City	State	Zip Code	
Michael W. McClain	6008 Brownsboro Park Boulevard, Suite H			Louisville	KY ·	40207	
Name	Street or	PO Box Number	•	City	State	Zip Code	
Article VI: The name an	d mailing add	dress of the incorp	oorator is				
Michael W. McClain	6000 Da	washara Barle Ba	uslamand Onita II	1 2 20-	104		
Michael W. McClain 6008 Brownsboro Park  lame Street Address or Post 0			<u> </u>	Louisville City	KY	40207	
Hame	Office Address of Post Office Box			City	State	Zip Code	
Name	Street Ad	dress or Post Offic	e Box Number	City	State	Zip Code	
Article VII: This applicat delayed effective date c  Please indicate the cou County: Jefferson	annot be prid	or to the date the a	application is filed. The	tive date and/or time is p date and/or time is	rovided. The effec	ctive date or the	
		To complete	— the following, please sh	ade the box completely.			
Please indicate which o	f the followin	a best describes v	our business:		7-10-		
Agriculture Wholesale Trade Public Administration Other	Mining Retail	√S Trade □N	Services Manufacturing ations, Electric, Gas, Sani	Construction Finance, Insurance, Real E tary Services	Estate		
Michael W. Signature of Incorpora	Wells itor	rin	Michael V Print Name &	oregoing is true and correct.  **D. M <sup>C</sup> Clain Course  **Title**	Date		
	LLC c/ <u>b</u> ed Agent W <sup>C</sup> Clau		_	e as the registered agent on			
Signature of Registered Agent		Michael W. M <sup>c</sup> Clain, counsel		<u> </u>	<u>November 13, 2018</u> Date		