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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Authority Foreign Business Entity

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 273 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a **nonprofit** corporation.
- 2. The name of the entity is Another Chance For Opportunities, Inc corporation.
- 3. The name of the entity to be used in Kentucky is Another Chance For Opportunities Corporation.
- 4. The state or country under whose law the entity is organized is North Carolina.
- 5. The date of organization is **12/9/2002**.
- 6. The mailing address of the entity's principal office is 1524 S 30th St, Louisville, KY 40211.
- 7. The street address of the entity's registered office in Kentucky is **1524 S 30th St, Louisville, KY 40211** and the name of the registered agent in that office is **Bethena Spivey**.
- 8. The names and business addresses of the entity's representatives:

Another Chance for Opportunities, Inc 1524 S 30th St, Louisville, KY 40211

Bethena Spivey 1524 S 30th St, Louisville, KY 40211

- 9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
- 10. This application will be effective on filing.

Signature of Authorized Representative: **Bethena Spivey** 

I, **Bethena Spivey**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Bethena Spivey

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