



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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.

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 corporation is Appalachian Shelter Medicine Initiative Inc.

Article II: The purpose for which the corporation is organized is organized exclusively for charitable purposes under 501(c)(3), including spay/neuter and related veterinary services to shelters, rescues, and underserved communities. Assets on dissolution go to another 501(c)(3) or government.

Article III: The name of the registered agent is Kate Webb, DVM, MPH

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

2376 ST RT 1750 East Point KY 41216
Street Address (No Post Office Box Numbers) City State Zip Code

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

2376 ST RT 1750 East Point KY 41216
Street or P.O. 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:

Table with 5 columns: Name, Street or P.O. Box Number, City, State, Zip Code. Rows include Kate Webb, DVM, MPH; Raven Wells; Hannah Mullins.

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

Table with 5 columns: Name, Street Address or P.O. Box Number, City, State, Zip Code. Row includes Kate Webb, DVM, MPH.

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

Check box: If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: This entity is a retailer of authorized nicotine vapor products as defined by KRS 438.305(2).

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

Signature of Incorporator: Kate Webb, DVM, MPH
Date: 9/2/2025
Print Name & Title: Kate Webb, DVM, MPH

I, _____, consent to serve as the registered agent on behalf of the corporation.

Print Name of Registered Agent: Kate Webb, DVM, MPH
Signature of Registered Agent: Kate Webb, DVM, MPH
Print Name & Title: Kate Webb, DVM, MPH/Registered Agent
Date: August 12, 2025