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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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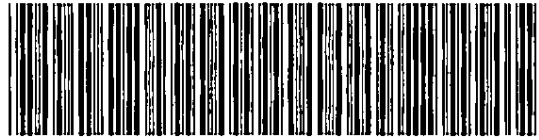
(Business Entity Name)

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S. FRANKLIN  
MAY 09 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Help Us Grow Foundation, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Donza L. Lockett, Paralegal  
Name of Person  
Dentons Bingham Greenebaum LLP  
Firm/Company  
101 South First Street, Suite 3500  
Address  
Louisville, KY 40202  
City/State and Zip Code  
ross.cohen@dentons.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Donza L. Lockett at (502) 587-3670  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Help Us Grow Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky 3. 82-0905190  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/21/2017 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 10772 Sandyrun Road, Jupiter FL 33478  
(Principal office street address)

(Current mailing address, if different)

8. Charitable Purposes  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Elsie Montezuma

Office Address: 10772 Sandyrun Road  
Jupiter, Florida 33478  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Elsie Montezuma*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Janine Broussard  
 Vice Chairman Address: P.O. Box 7925  
Louisville, KY 40207  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Terry Bova  
 Vice Chairman Address: 500 West Main Street  
 Director \_\_\_\_\_  
 President Louisville, KY 40202  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Sam Corbett  
 Vice Chairman Address: P.O. Box 6257  
Louisville, KY 40206  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Ross D. Cohen  
 Vice Chairman Address: 3500 PNC Tower  
101 S. 5th Street  
 Director \_\_\_\_\_  
 President Louisville, KY 40202  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Steve Trager  
 Vice Chairman Address: 601 West Market Street  
Louisville, KY 40202  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Kelly Singletary  
 Vice Chairman Address: 732 East Market Street  
Louisville, KY 40202  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Janine Broussard  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janine Broussard, Chairman  
 (Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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

Certificate of Existence

Authentication number: 269024

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**HELP US GROW FOUNDATION, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is March 21, 2017 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19<sup>th</sup> day of April, 2022, in the 230<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
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