

CHARTER
NONPROFIT CORPORATION (ss-4418)



Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100

For Office Use Only

Control # 000713121
FILED: Mar 15, 2013 11:30PM
DLN # A0162-1459.001
Tre Hargett,
Secretary of State

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: American Heritage Benevolence Organization

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
REX GALLAWAY
664 ETHRIDGE RED HILL RD
ETHRIDGE, TN 38456-5521
LAWRENCE COUNTY

5. Fiscal Year Close Month: December **Period of Duration:** Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a public benefit corporation / mutual benefit corporation.
This corporation is a religious corporation / not a religious corporation.
This corporation will have members / not have members.

9. The complete address of its principal executive office is:
664 ETHRIDGE RED HILL RD
ETHRIDGE, TN 38456-5521
LAWRENCE COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

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The name of the corporation is: American Heritage Benevolence Organization

10. The complete mailing address of the entity (if different from the principal office) is:

664 ETHRIDGE RED HILL RD
ETHRIDGE, TN 38456-5521

11. List the name and complete address of each incorporator:

<u>Title</u>	<u>Name</u>	<u>Business Address</u>	<u>City, State, Zip</u>
Incorporator	Sandra Gallaway	664 ETHRIDGE RED HILL RD	ETHRIDGE, TN 38456
Incorporator	Shanell Reagan	664 ETHRIDGE RED HILL RD	ETHRIDGE, TN 38456

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

- I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the \$100 filing fee required by T.C.A. §48-51-303(a)(1).
- This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).
- This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:

In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Mar 15, 2013 11:30PM
Signature Date

Electronic
Incorporator's Signature

Sandra Gallaway
Incorporator's Name (printed or typed)