



001243594

**CHARTER  
NONPROFIT CORPORATION**

SS-4418



**Tre Hargett**  
Secretary of State

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

Filing Fee: \$100.00

*For Office Use Only*

**-FILED-**

Control # 001243594

**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:** The Dark Side of Service

**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:** None

**4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:**

REBECCA RAE LYSAGHT  
409 SIOUX DR NW  
CLEVELAND, TN 37312-4002  
BRADLEY COUNTY

**5. Fiscal Year Close Month:** October

**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:**

Oct 31, 2021 12:00AM (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 office is:**

409 SIOUX DR NW  
CLEVELAND, TN 37312-4002  
BRADLEY 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:** The Dark Side of Service

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

PO BOX 5096  
CLEVELAND, TN 37320-5096

**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	Rebecca R Lysaght	409 SIOUX DR NW	CLEVELAND, TN 37312-4002
Incorporator	James E Vaughn	323 GARDENIA AVENUE	CLEVELAND, TN 37312

**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.)*

Electronic

Signature

Rebecca R Lysaght

Printed Name

Incorporator

Title/Signer's Capacity

Oct 3, 2021 12:08PM

Date