



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is SK Insurance Team Inc

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is

<u>122 Edwards Ave Suite 2</u>	<u>Georgetown</u>	<u>KY</u>	<u>40324</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Sophia Kenealy

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

<u>c/o Deanna Ramsey CPA PO Box 1032</u>	<u>Versailles</u>	<u>KY</u>	<u>40383</u>
Street Address or Post Office Box Number	City	State	Zip Code

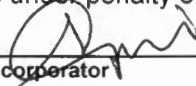
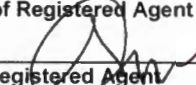
Article V: The name and mailing address of the incorporator is as follows:

<u>Sophia Kenealy</u>	<u>108 Amerson Orchard, #304</u>	<u>Georgetown, KY</u>	<u>40324</u>	
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

Please indicate the county in which your business operates: County: <u>Scott</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Finance, Insurance, Real Estate

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

	<u>Sophia Kenealy</u>	<u>President</u>	<u>07.30.21</u>
Signature of Incorporator	Printed Name	Title	Date
I, <u>Sophia Kenealy</u> , consent to serve as the registered agent on behalf of the corporation.			
Print Name of Registered Agent			
	<u>Sophia Kenealy</u>	<u>President</u>	<u>07.30.21</u>
Signature of Registered Agent	Printed Name	Title	Date