



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Organization  
Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is:

Curtis Insurance Agency LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

1096 Duval Street Ste 230 Lexington Ky 40515  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Craig Curtis

Article III: The mailing address of the limited liability company's initial principal office is:

1096 Duval Street Ste 230 Lexington Ky 40515  
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

- ☒ A. a manager(s).  
☐ B. its member(s).

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

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

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

C. C. Curtis  
Signature of Organizer Printed Name & Title Date 7-18-24

Signature of Organizer Printed Name & Title Date

Craig Curtis  
Print Name of Registered Agent consent to serve as the registered agent on behalf of the limited liability company.

C. C. Curtis  
Signature of Registered Agent Printed Name Date 7-18-24



**ANDY BESHEAR**

**GOVERNOR**

KNOW ALL MEN BY THESE PRESENTS THAT:

**Craig L Curtis**  
**NICHOLASVILLE, KY**

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

**RESIDENT AGENT FOR: HEALTH, PROPERTY, LIFE AND CASUALTY INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



**Sharon P. Clark**

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

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