

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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1447606.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
4/16/2025 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
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**Articles of Organization  
Limited Liability Company**

**KLC**

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

**FLUZONIX AGENCY LLC**

Article II: The name of the initial registered agent is

**JERRY LYNN GILL**

and the street address of the entity's initial registered office in Kentucky is

**4800 MORRIS PL, FISHERVILLE, KY 40023**

Article III: The mailing address of the entity's principal office is

**5200 PLUME DR, LOUISVILLE, KY 40258**

Article IV: This entity is managed by **Members**.

This filing will be effective on **Wednesday, April 16, 2025**.

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

Signature of individual signing on behalf of **Organizer**:  
**FODILULLAHI LEKAN AGBOOLA**

I, **JERRY LYNN GILL**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, April 16, 2025.