



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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

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: Andrew Root Insurance LLC

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

<u>132 Cordelia Rd</u>	<u>Mt Washington</u>	<u>KY</u>	<u>40047</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Andrew Root

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

<u>132 Cordelia Rd</u>	<u>Mt Washington</u>	<u>KY</u>	<u>40047</u>
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):

<input checked="" type="checkbox"/>
<input type="checkbox"/>

A. a manager(s).

B. its member(s).

Article V: This application will be effective upon filing.

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If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

X 
Signature of Organizer

<u>Andrew Root, Owner</u>	<u>10/22/2021</u>
Printed Name & Title	Date

Andrew Root
Print Name of Registered Agent

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

X 
Signature of Registered Agent

<u>Andrew Root</u>	<u>10/22/2021</u>
Printed Name	Date