

REVIEWED

By tamsin.wade at 9:48 am, 7/17/23



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
7/17/2023 12:29 PM  
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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

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:

Guided Hands Insurance, LLC

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

710 Falcon Ridge Ln	La Grange	KY	40031
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Kathy Ann Ferry

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

710 Falcon Ridge Ln	La Grange	KY	40031
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.

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

	Kathy Ann Ferry, Owner	07/13/2023
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
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I, Kathy Ann Ferry, consent to serve as the registered agent on behalf of the limited liability company.

	Kathy Ann Ferry	07/13/2023
Signature of Registered Agent	Printed Name	Date