

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1326819.06

kdcoleman ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/13/2023 2:11 PM Fee Receipt: \$40.00

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 und	dersigned applies to qualify and for that r	ourpose submits the fo	llowing statements:
Article I: The name of the limited liability co Best Choice Insurance Agency LLC		outpood dustrine the re	mowing otatomonto.
Article II: The street address of the limited I 7500 Belinda Way	iability company's initial registered office Louisville		40201
Street Address Only (No Post Office Box Numbers)		Kentucky State	40291 Zip Code
and the name of the initial registered agent		State	Zip Code
Article III: The mailing address of the limited	d liability company's initial principal office	is:	
7500 Belinda Way	Louisvile	Kentucky	40291
Street Address or Post Office Box Number	City	State	Zip Code
If checked, this business is veteran-o instructions).  I/We declare under penalty of perjury under	wned as defined by KRS 14A.2-070(45) the laws of the state of Kentucky that the		
When I	Makeda Johnson Ma	nager	12/12/2023
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
Makeda Johnson Print Name of Registered Agent	, consent to serve as the registered	agent on behalf of the limit	ed liability company.
I whole M	Makeda Johnson	12/12/2023	
Signature of Registered Agent	Printed Name	Date	
/			
(02/23)			



# ANDY BESHEAR

#### **GOVERNOR**

KNOW ALL MEN BY THESE PRESENTS THAT:

Makeda Johnson LOUISVILLE, 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.

DOI ID: 983894 Print Date: 10/4/2023

NPN ID: 18695242

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