REVIEWED

By Tamsin Wade at 1:56 pm, Mar 28, 2025

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/31/2025 10:48 AM

Fee Receipt: \$40.00

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

Pursuant to KRS 14A and KRS 275, the under		that purpose submits	the following statements:
Article I: The name of the limited liability comp Latta Insurance, LLC	pany is:		
Article II: The street address of the limited liab	oility company's initial registered	office in Kentucky is:	······································
140 N. Main Street, Suite A	Henderson	KY	42420
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at	that office is <u>vvnitney C. Latta</u>	i Fioya	·
Article III: The mailing address of the limited li	ability company's initial principal	office is:	
140 N. Main Street, Suite A	Henderson	KY	42420
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be	e managed by (must check one):		
A. a manager(s).			
X B. its member(s).			
(Additional articles not inconsistent with law may be	e stated in the space below or addition	ial pages may be attache	d and incorporated by reference.)
			·
☐ If checked, this is a veteran-owned business as	s defined by KRS 14A.1-070(45) (Incl	ude copies of DD-214 f	orms or active duty military IDs
of all prospective veteran-owners with redactions		-	
and military ID images will not be available for pub	olic view and will be destroyed after	verification by the Sec	retary of State).
Check, if applicable: ☐ This entity is a retailer	of authorized vapor products as defin	ned by KRS 438.305(2)	
		, ,	
/We declare under penalty of perjury under the	e laws of the state of Kentucky th	nat the foregoing is tr	ue and correct.
Dana Robinson	Dana Robinson	Attorney	3/27/2025 9:05 AM E
E596C2C65CD84F9 Bignature of Organizer	Printed Name & Title		Date
ignature of Organizer	Printed Name & Title		Date
Whitney C. Latta Floyd	consent to serve as the rea	istered agent on behalf of	the limited liability company.
Priftt•Nâmedof∤Registered Agent	, consont to serve as the reg	iotoroa agont on bondii or	and miniod hability company.
Whitney C. Latta Floyd	Whitney C. Latta	Floyd 3/	27/2025 8:00 AM CDT
Signature of Registered Agent	Printed Name	Da	ite