



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is LACEY STIVERS INSURANCE AGENCY INC

Article II: The number of shares the corporation is authorized to issue is 100

Article III: The street address of the corporation's initial registered office in Kentucky is

<u>145 BLOSSOM CIRCLE</u>	<u>SHELBYVILLE</u>	<u>KY</u>	<u>40065</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is JOSHUA STIVERS

Article IV: The mailing address of the corporation's principal office is

<u>871 TAYLORSVILLE RD</u>	<u>SHELBYVILLE</u>	<u>KY</u>	<u>40065</u>
Street Address or Post Office Box Number	City	State	Zip Code

Article V: The name and mailing address of the incorporator is as follows:

<u>LACEY STIVERS</u>	<u>871 TAYLORSVILLE RD</u>	<u>SHELBYVILLE</u>	<u>KY</u>	<u>40065</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

Please indicate the county in which your business operates:
County: SHELBY

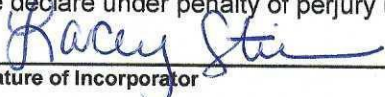
To complete the following, please shade the box completely.

Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

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

	<u>LACEY STIVERS</u>	<u>PRESIDENT</u>	<u>MARCH 13, 2020</u>
Signature of Incorporator	Printed Name	Title	Date
I, <u>JOSHUA STIVERS</u> , consent to serve as the registered agent on behalf of the corporation.			
<u>Joshua T. Stivers</u>	<u>JOSHUA STIVERS</u>	<u>REGISTERED AGENT</u>	<u>MARCH 13, 2020</u>
Signature of Registered Agent	Printed Name	Title	Date