



**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: Covenant Insurance Agency **LLC**.

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

10197 Waterside Court      Union      Ky      41091  
 Street Address Only (No Post Office Box Numbers)      City      State      Zip Code

and the name of the initial registered agent at that office is JAMES R. CLAXTON JR.

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

P O Box 6404      Florence      Ky      41022  
 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):

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

     James R Claxton Jr      3/15/21  
 Signature of Organizer      Printed Name & Title      Date

I, James R Claxton Jr, consent to serve as the registered agent on behalf of the limited liability company.  
 Print Name of Registered Agent

     James R Claxton Jr      3/15/21  
 Signature of Registered Agent      Printed Name      Date