1	3	6	0	9	2	3	0	6
	J	v	v	$\mathbf{v}$	~	J	v	v.





Michael G. Adams Kentucky Secretary of State Received and Filed: 4/29/2024 12:18 PM 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

**KLC** 

tsemones ADD

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: Beth Wall Insurance Agency, LLC					
Article II: The street address of the limited liability comp	any's initial registered office	e in Kentucky is:			
105 Burkesville Street	Columbia	KY	42728		
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code		
and the name of the initial registered agent at that office	<sub>a is</sub> Beth Wall		·····		

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

105 Burkesville Street	Columbia	KY	42728
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).

X

B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

□ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

alimetel Mall	Elizabeth Wall, Sole Member	4/22/24	
Signature of Organizer	Printed Name & Title	Date	
Signature of Organizer	Printed Name & Title	Date	
l, Elizabeth Wall Print Name of Registered Agent	, consent to serve as the registered agent on behalf of the limited liability company.		
Altrialith / All	Elizabeth Wall	4/22/24	
Signature of Registered Agent	Printed Name	Date	