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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	_{a is} 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	