COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO 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 Barnes & Associates Insurance, Inc.

Article II: The number of shares the corporation is authorized to issue is 500

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

950 N Mulberry St Ste 160	Elizabethtown	KY	42701
Street Address (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Katie S Barnes

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

950 N Mulberry St Ste 160	Elizabethtown	KY	42701
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

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

Katie S Barnes	950 N Mulberry St Ste 160	Elizabethtown	KY	42701
Name	**Street Address or Post Office Box Number**	**City**	**State**	**Zip Code**
Name	**Street Address or Post Office Box Number**	**City**	**State**	**Zip Code**
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 date and/or time is _____.
(Delayed effective date and/or time)

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

To complete the following, please shade the box completely.

Please indicate the size of your business:
☑ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:
☑ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture	☐ Mining	☐ Services	☐ Construction
☐ Wholesale Trade	☐ Retail Trade	☐ Manufacturing	☑ Finance, Insurance, Real Estate
☐ Public Administration	☐ Transportation, Communications, Electric, Gas, Sanitary Services		
☐ Other			

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

Katie Barnes	Katie S Barnes	Shareholder	10/19/17
Signature of Incorporator	**Printed Name**	**Title**	**Date**

I, Katie S Barnes, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

Katie Barnes	Katie S Barnes	Shareholder	10/19/17
Signature of Registered Agent	**Printed Name**	**Title**	**Date**

(5/17)