



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
12/23/2024 11:07 AM  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Articles of Incorporation PAI  
Profit Corporation  
Ryan Vincent Insurance Agency, Inc

Pursuant to KRS 14A and KRS 271B, the undersigned hereby forms a business corporation and for that purpose sets forth the following:

Article I: The name of the corporation is Ryan Vincent Insurance Agency, Inc

Article II: The number of shares the corporation is authorized to issue is 1

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

2972 Waterside Way	Owensboro	KY	42303
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Ryan Vincent

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

2972 Waterside Way	Owensboro	KY	42303
Street Address or Post Office Box Number	City	State	Zip Code

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

Ryan Vincent Insurance Agency, Inc	2972 Waterside Way	Owensboro	KY	42303
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

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

effective date 1/1/25

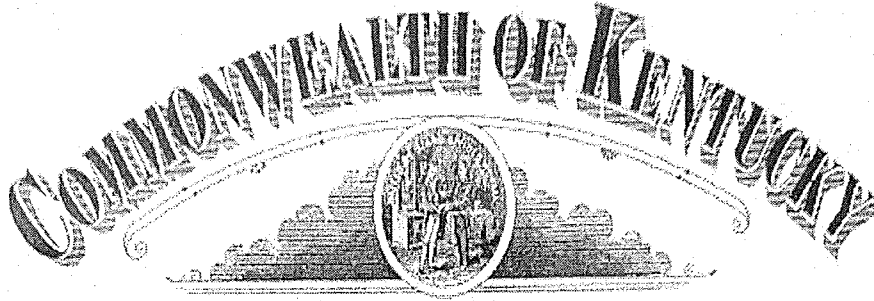
If checked, this is a veteran owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not 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.

	Ryan Vincent	Owner	12/20/2024
Signature of Incorporator	Printed Name	Title	Date

I, Ryan Vincent, consent to serve as the registered agent on behalf of the corporation.

	Ryan Vincent	owner	12/20/24
Signature of Registered Agent	Printed Name	Title	Date



**MATTHEW G. BEVIN**

**GOVERNOR**

KNOW ALL MEN BY THESE PRESENTS THAT:

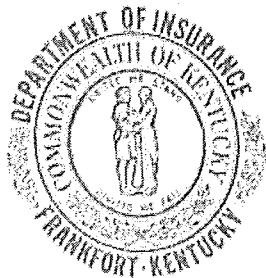
**RYAN EUGENE VINCENT**

**OWENSBORO, KY**

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

**RESIDENT AGENT FOR:           PROPERTY, CASUALTY, HEALTH AND  
LIFE INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



**Nancy G. Atkins**

Commissioner

This license shall at all times be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the licensee shall promptly deliver said license to the Commissioner of Insurance.

DOI ID : 695138    Print Date : 12/8/2017

NPN ID : 12457534