



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

|  |   |            |
|--|---|------------|
| <b>Division of Business Filings</b><br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | <b>Articles of Organization</b><br><b>Limited Liability Company</b> | <b>KLC</b> |
|--|---|------------|

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:

Ignyte Insurance Solutions

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

|   |             |              |                 |
|---|-------------|--------------|-----------------|
| 323 River Bend Drive                                    | London      | KY           | 40744           |
| <b>Street Address Only (No Post Office Box Numbers)</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |

and the name of the initial registered agent at that office is Shane Bundy

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

|   |             |              |                 |
|---|-------------|--------------|-----------------|
| 323 River Bend Drive                            | London      | KY           | 40744           |
| <b>Street Address or Post Office Box Number</b> | <b>City</b> | <b>State</b> | <b>Zip Code</b> |

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, 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 effective date is 06/02/2020

|  |   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
|--|---|--|---|-----------------------------------|---------------------------------------|--|---------------------------------------|--|---|--|---|--|--|--------------------------------|--|--|--|
| Please indicate the county in which your business operates:<br>County: <u>Laurel</u>   |   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| <i>To complete the following, please shade the box completely.</i>   |   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| Please indicate the size of your business:<br><input checked="" type="checkbox"/> Small (Fewer than 50 employees)<br><input type="checkbox"/> Large (50 or more employees)   | Please indicate whether any of the following applies to your business ownership:<br><input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| Please indicate which of the following best describes your business:   |   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| <table style="width:100%;"> <tr> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Services</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Manufacturing</td> <td><input checked="" type="checkbox"/> Finance, Insurance, Real Estate</td> </tr> <tr> <td><input type="checkbox"/> Public Administration</td> <td colspan="3"><input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td colspan="3"></td> </tr> </table> |   | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |  | <input type="checkbox"/> Other |  |  |  |
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                               |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| <input type="checkbox"/> Wholesale Trade   | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| <input type="checkbox"/> Public Administration   | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |
| <input type="checkbox"/> Other   |   |  |   |                                   |                                       |  |                                       |  |   |  |   |  |  |                                |  |  |  |

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

|   |   |                    |
|---|---|--------------------|
| <br>Signature of Organizer                              | Charles Shane Bundy<br>Printed Name & Title | 06/02/2020<br>Date |
| <br>Signature of Organizer                              | Michelle L. Bundy<br>Printed Name & Title   | 06/02/2020<br>Date |
| I, <u>Shane Bundy</u><br>Print Name of Registered Agent |   |                    |
| <br>Signature of Registered Agent                       |   |                    |
| Shane Bundy<br>Printed Name                             |   |                    |
| 06/02/2020<br>Date                                      |   |                    |

I, Shane Bundy consent to serve as the registered agent on behalf of the limited liability company.