

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1322230.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/20/2023 9:34 AM Fee Receipt: \$50.00

PAI

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of	Incorporation
Profit Corpo	ration

		Many 200 2001	
e undersigned applies to qu	alify and for that purpose	submits the fo	llowing statements:
Watson Insurance and Financial Se	rvices, Inc.		
poration is authorized to issu	ue is 100		·
ooration's initial registered o	ffice in Kentucky is		w.
	Louisville	KY	40223
	City	State	Zip Code
orporation's principal office is			40000
August of the second	Description of the Control of the Co	100	40223 Zip Code
	City	State	Zip Gode
	ollows:	KY	40023
Post Office Box Number	City	State	Zip Code
Post Office Box Number	City	State	Zip Code
Post Office Box Number	City	State	Zip Code
	ned by KRS 14A.2-070(45) and 14A.2-16	65 (see instructions).
der the laws of the state of	Kentucky that the foregoin	ng is true and o	correct.
Joseph B. Watson	President	1	1/10/2023
Printed Name	Title	Da	ate
1000	, consent to serve as the r	egistered agent or	behalf of the corporation.
Joseph B. Watson	Registered Agent		/10/2023
Printed Name	Title	D	ate
	Watson Insurance and Financial Section and Section is authorized to issurb poration's initial registered of the ent at that office is a soft the incorporator is as for the count. Post Office Box Number Post Office Box Number We upon filling. It is is veteran-owned as defined as the laws of the state of the laws of the l	Watson Insurance and Financial Services, Inc. Dorration is authorized to issue is 100 Dorration's initial registered office in Kentucky is Louisville City Pent at that office is 100	poration is authorized to issue is poration's initial registered office in Kentucky is Louisville KY



ANDY BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

Watson Insurance And Financial Services Inc LOUISVILLE, 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: HEALTH, PROPERTY, LIFE AND CASUALTY 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.



Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID: 1307930 Print Date: 11/10/2023

NPN ID: 20978924

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