



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

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:

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

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
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and the name of the initial registered agent at that office is _____.

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

Street Address or Post Office Box Number	City	State	Zip Code
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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.

_____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

/s/ Jamie Vincent

Signature of Organizer

Printed Name & Title

Date

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

Print Name of Registered Agent

/s/ Jamie Vincent

Signature of Registered Agent

Printed Name

Date



ANDY BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

JAMIE LEE VINCENT

CENTRAL CITY, 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 : 667884

Print Date : 6/17/2022

NPN ID : 9872897