

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718

**Articles of Organization** 

KLC

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Co	mpany		
Pursuant to KRS 14A and KRS 2	275, the undersigned app	olies to qualify and for that purp	oose submits the f	ollowing statements:
Article I: The name of the limited	d liability company is:	DNITY INSURA	ance As	sency
Article II: The street address of 103 Auberr	y Ct	ny's initial registered office in F RA2dStowN	Kentucky is:	40004
Street Address Only (No Post Office E		City	State	Zip Code
and the name of the initial registe	ered agent at that office is	s KyAN Perkin.	2	
Article III: The mailing address of Article III: The mailing addre	y Ct	pany's initial principal office is:  BAEDS FOW N  City	State	40004 Zip Code
	mpany is to be managed anager(s). nember(s).	by (must check one):		
Article V: This application will be	e effective upon filing.			
If checked, this business instructions).	s veteran-owned as defir	ned by KRS 14A.2-070(45) for	the purposes of 1	4A.2-165 (see filing
I declare under penalty of perjury	/ under the laws of the sta	ate of Kentucky that the forego	oing is true and co	rrect.
Ryan Perkun	À.	RYAN PERKINS	2	10/22/2020
Signature of Organizer		Printed Name & Title		Date
I, Ryan Peeki Print Name of Registered Agent	١, ١	consent to serve as the registered age	ent on behalf of the lim	ited liability company.
Rya Purp	ws	RYAN PERKINS	16/	22/2020
Signature of Registered Agent		Printeď Name	Date	