

**REVIEWED**

By Angela.Wren at 1:47 pm, 5/31/22

**COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE****1212036.06**kdcoleman  
ADD**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
6/1/2022 10:12 AM  
Fee Receipt: \$40.00Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov**Articles of Organization  
Limited Liability Company**

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: **IMMUNITY INSURANCE, LLC**

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

**110 PENMOKEN****LEXINGTON****KY****40503**

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is **MATTHEW SIMPSON**

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

**110 PENMOKEN****LEXINGTON****KY****40503**

Street Address or Post Office Box Number

City

State

Zip Code

Article IV: The limited liability company is to be managed by (must check one):

<input type="checkbox"/>
<input checked="" type="checkbox"/>

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.

Signature of Organizer

**MATTHEW SIMPSON**

Printed Name &amp; Title

**5-16-22**

Date

**MATTHEW SIMPSON**

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

Print Name of Registered Agent

Signature of Registered Agent

**MATTHEW SIMPSON**

Printed Name

**5-16-22**

Date