## **REVIEWED**

By Tamsin Wade at 9:48 am, Feb 04, 2025

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/4/2025 10:36 AM Fee Receipt: \$40.00

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ADD

1427136.06

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

(1/25)

Articles of Organization Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned a	pplies to qualify and for that purpo	se submits the follow	ving statements:
Article I: The name of the limited liability company is:			
Blue Grass Legacy Insurance	116		
Article II: The street address of the limited liability comp		antucky is:	
176 Spencer Hamilton Rd	i	Mucky is.	110027
Street Address Only (No Post Office Box Numbers)	City	State	<u>40037</u> Zip Code
and the name of the initial registered agent at that office	eis Daniel Cale	6 100	
Article III: The mailing address of the limited liability con	mnany's initial principal office is:		
176 Spencer Hamilton Rd	Loretto	W	4m37
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be manage	ed by (must check one):		
A. a manager(s).			
B. its member(s).			
b. its member(s).			
(Additional articles not inconsistent with law may be stated in	the space below or additional pages ma	y be attached and incor	porated by reference.)
☐ If checked, this is a veteran-owned business as defined b			
of all prospective veteran-owners with redactions to remove			
and military ID images will not be available for public view a	nd will be destroyed after verification	by the Secretary of St	ate).
Check, if applicable:   This entity is a retailer of authorize	ed vapor products as defined by KRS	438.305(2).	
I/We declare under penalty of perjury under the laws of	the state of Kentucky that the fore	egoing is true and cor	rect.
		3-11-3	
Q- 11/12	D. 11 1 C 100 010		2-3-2025
Signature of Organizer	Printed Name & Title	Date	( ) ( )
Signature of Organizer	Printed Name & Title	Date	
Print Name of Registered Agent	, consent to serve as the registered agent	on behalf of the limited lie	ability company.
Print Name of Registered Agent			
Panilo	Daviel caleb Lea	2-3-8	2025
Signature of Registered Agent	Printed Name	Date	, -0 ,