COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO 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

South Bank Insurance Specialists, LLC.

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

3643 Walnut Park Drive	Alexandria	KY	41001
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Todd Robert Calhoun.

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

3643 Walnut Park Drive	Alexandria	KY	41001
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):

- ☐ A. a manager(s).
- ☑ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 01/25/2016. **(Delayed effective date and/or time)**

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

Todd Robert Calhoun	Todd Robert Calhoun	01/25/2016
Signature of Organizer	**Printed Name & Title**	**Date**
Marcia Jane Calhoun	Marcia Jane Calhoun	01/25/2016
Signature of Organizer	**Printed Name & Title**	**Date**

I, Todd Robert Calhoun, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

	Todd Robert Calhoun	01/25/2016
Signature of Registered Agent	**Printed Name**	**Date**

(01/12)