



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:

JESSICA KOVERDAN INSURANCE, LLC

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

5470 U.S. HIGHWAY 60 W PADUCAH KY 42001
 Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is JESSICA KOVERDAN

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

5470 U.S. HIGHWAY 60 W PADUCAH KY 42001
 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.

☐ 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]
 Signature of Organizer

Jessica Koverdan, member 8/11/2020
 Printed Name & Title Date

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

[Signature]
 Signature of Registered Agent

Jessica Koverdan 8/11/2020
 Printed Name Date