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Alison Lundergan Grimes
Kentucky Secretary of State
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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

L.A. Surety Solutions, LLC

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

2301 River Road, Suite 101 Louisville KY 40206
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is George Bruce Stigger

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

2301 River Road, Suite 101 Louisville KY 40207
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 _____ (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.

[Signature] Todd P. Loehnert, Managing Member 04/25/2014
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, George Bruce Stigger, consent to serve as the registered agent on behalf of the limited liability company.

George Bruce Stigger George Bruce Stigger 04/25/2014
Print Name of Registered Agent Printed Name Date
[Signature]
Signature of Registered Agent



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Louisville

KY

40206

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is George Bruce Stigger

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

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Louisville

KY

40207

Street Address or Post Office Box Number

City

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

Empty checkbox

A. a manager(s).

Checked checkbox

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Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective

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

Signature of Organizer (Handwritten signature)

Todd P. Loehnert, Managing Member 04/25/2014

Printed Name & Title

Date

Signature of Organizer

Printed Name & Title

Date

I, George Bruce Stigger

consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

Signature of Registered Agent (Handwritten signature)

George Bruce Stigger

04/25/2014

Printed Name

Date