

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 Organ Limited Liability (KLC
Pursuant to KRS 14A and KRS	275, the undersigned ap	plies to qualify and for that	purpose submits the	e following statements
Article I: The name of the limite	ed liability company is			
Cast Iron Insurance, L	LC.			
Article III. The atreat address of	the limited liability comp	any's initial registered office	o in Kontucky is	
Article II: The street address of the limited liability compa		Walton	KY	41094
	D. N	City	State	Zip Code
Street Address Only (No Post Office		Charles Clan Pai		Zip code
and the name of the initial regis	tered agent at that office	_{is} Charles Glen Bai	iey	
Article III: The mailing address	of the limited liability con	npany's initial principal offic	e is	
778 Beaver Road		Walton	KY	41094
Street Address or Post Office Box N	umber	City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will be date or the delayed effective date.				me is
date or the delayed effective da	ate carrior be prior to the	date the approximent in		(Delayed effective date and/or time)
I/We declare under penalty of p	perjury under the laws of	the state of Kentucky that t	he foregoing is true	and correct.
Charle, 64 Bi		Charles Glen Bail	ey, member	12-18-16
Signature of Organizer		Printed Name & Title		Date
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Signature of Organizer		Printed Name & Title		Date
Charles Glen Bailey		, consent to serve as the registe	red agent on behalf of the	limited liability company.
Print Name of Registered Agent		Charles Glen Bail		18-16
Signature of Registered Agent		Printed Name	Date	