



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

United Network of Insurance Advisors

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

71 Cavalier Boulevard, Suite 118	Florence	Kentucky	41042
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Philip Lamar

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

71 Cavalier Boulevard, Suite 118	Florence	Kentucky	40142
Street Address or Post Office Box Number	City	State	Zip Code

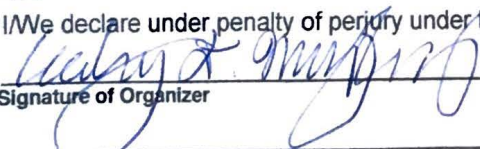
Article IV: The limited liability company is to be managed by (must check one):

- 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 _____.

Please indicate the county in which your business operates: County: <u>Boone</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

	Cody D. Murphy, ESQ	07/24/2019
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
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I, Philip Lamar, consent to serve as the registered agent on behalf of the limited liability company.

	Philip Lamar	07/24/2019
Signature of Registered Agent	Printed Name	Date