

REVIEWED

By Tamsin Wade at 2:16 pm, Mar 18, 2025

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ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
3/18/2025 3:38 PM
Fee Receipt: \$50.00**COMMONWEALTH OF KENTUCKY**
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov**Articles of Incorporation**
Profit Corporation

Pursuant to KRS 14A and KRS 271B, the undersigned hereby forms a business corporation and for that purpose sets forth the following:

Article I: The name of the corporation is QUALITY INSURANCE INC.Article II: The number of shares the corporation is authorized to issue is 100

Article III: The street address of the corporation's initial registered office in Kentucky is

2319 LAKEWAY DR	RUSSELL SPRINGS	KY	42642
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is CHRISTINA MARIE WETHINGTON

Article IV: The mailing address of the corporation's principal office is

PO BOX 1800	RUSSELL SPRINGS	KY	42642
Street Address or Post Office Box Number	City	State	Zip Code

Article V: The name and mailing address of the incorporator is as follows:

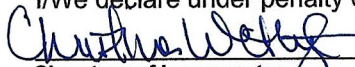
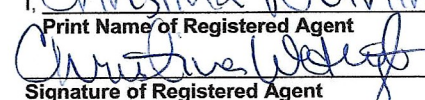
GEORGE WETHINGTON	PO BOX 1800	RUSSELL SPRINGS	KY	42642
Name	Street Address or Post Office Box Number	City	State	Zip Code
CHRISTINA WETHINGTON	PO BOX 1800	RUSSELL SPRINGS	KY	42642
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

	Christina Wethington	CFO	3/14/2025
Signature of Incorporator	Printed Name	Title	Date
I, <u>Christina Wethington</u> , consent to serve as the registered agent on behalf of the corporation.			
	Christina Wethington	CFO	3/14/2025
Signature of Registered Agent	Printed Name	Title	Date