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Michael G. Adams
Kentucky Secretary of State
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**ARTICLES OF ORGANIZATION OF
WARNELL FAMILY INSURANCE SERVICES LLC**

The undersigned, desiring to form a limited liability company (LLC) under Chapter 275 of the Kentucky Revised Statutes, hereby states as follows:

Article One

The name of the LLC is **WARNELL FAMILY INSURANCE SERVICES LLC**.
The purpose of the LLC is to offer insurance plan options and perform all general insurance operations allowed by law.

Article Two

The duration of the LLC shall be perpetual.

Article Three

The principal address of the LLC is 1141 R Kelly Road, Brownsville KY 42210.
The address of the registered agent is 1141 R Kelly Road, Brownsville KY 42210.

Samuel E. Warnell is the registered agent.

The mailing address of the LLC is 1141 R Kelly Road, Brownsville KY 42210.

Article Four

The LLC has two (2) initial members: Samuel E. Warnell and Valerie R. Warnell.
Members may be added or disassociated so long as the total number of members is not less than one (1).

Article Five

The LLC shall be managed by its members pursuant to the operating agreement between the members. Samuel E. Warnell is designated as President. Valerie R. Warnell is designated as Vice-President.


Article Six

The private property of the member(s) shall not be liable for any debts, liabilities, or obligations of the LLC, except as required by law.

Article Seven


The LLC shall, to the fullest extent permitted by, and in accordance with the provisions of Chapter 275 of the Kentucky Revised Statutes, indemnify each member of the LLC against expenses (including attorney's fees), judgements, taxes, fines, and amounts paid in settlement, incurred by him in connection with defending any threatened, pending, or completed action, suit, or proceeding (including attorney's fees), whether civil, criminal, administrative, or investigative. The indemnification provided for by this article shall not be deemed exclusive of any other rights to which member(s) of the LLC may be entitled under any statute, agreement, or action by member(s) of the LLC, or otherwise, and shall continue as to a person who has ceased to be a member of the LLC, and shall inure to the benefit of the heirs, executors, and administrators of such person.

In witness thereof, the initial Members and Organizers of the LLC have hereunto set their hands this the 23rd day of July, 2024.



SAMUEL E. WARNELL,
ORGANIZER, MEMBER

7/20/24
DATE



VALERIE R. WARNELL,
ORGANIZER, MEMBER

7/23/2024
DATE

STATE OF KENTUCKY)
) SCT.
COUNTY OF Edmonson)

THE FOREGOING WAS ACKNOWLEDGED, SUBSCRIBED AND SWORN to before me by
SAMUEL E. WARNELL this the 23 day of July, 2024.

My Commission expires: 8.18.26

Laura Lindsey

Notary Public



STATE OF KENTUCKY)
) SCT.
COUNTY OF Edmonson)

THE FOREGOING WAS ACKNOWLEDGED, SUBSCRIBED AND SWORN to before me by
VALERIE R. WARNELL this the 23 day of July, 2024.

My Commission expires: 8.18.26

Laura Lindsey

Notary Public



CONSENT TO SERVE AS REGISTERED AGENT

I, Samuel E. Warnell, having an address of 1141 R Kelly Road, Brownsville KY 42210, do hereby agree and consent to serve as the "Registered Agent of Warnell Family Insurance Services LLC."



SAMUEL E. WARNELL

STATE OF KENTUCKY)
COUNTY OF Edmonson) SCT.

THE FOREGOING WAS ACKNOWLEDGED, SUBSCRIBED AND SWORN to before me by SAMUEL E. WARNELL this the 23 day of July, 2024.


My Commission expires: 8.18.26



Notary Public



PREPARED BY:



/S/
MICHAEL W. COTTHOFF
ATTORNEY AT LAW
315 WEST 9TH ST., PO BOX 999
HOPKINSVILLE, KY 42241