

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Incorporation Profit Corporation

PAI

www.sos.ky.gov					
Pursuant to KRS	14A and KRS 271B, the	undersigned hereby forms a bus	siness corporation and for	that purpose s	ets forth the following
Article I: The na	me of the corporation is	JALEN HUDSON INSURANCE AND FINANCIAL	SERVICES, INC		
Article II: The nu	mber of shares the corp	oration is authorized to issue is	100		
Article III: The st	reet address of the corp	oration's initial registered office	in Kentucky is		
2656 VAN DEREN DRIVE			Lakeside Park	KY	41017
Street Address (No Post Office Box Numbers)		City	State	Zip Code	
and the name of	the initial registered age	nt at that office is JALEN HUDSON			
Article IV: The m	nailing address of the co	rporation's principal office is			
495 ERLANGER RD., STE 101			ERLANGER	KY	41018
Street Address or Post Office Box Number			City	State	Zip Code
Article V: The name and mailing address of the incorporator is as follows: JALEN HUDSON 2656 VAN DEREN DRIVE			S: LAKESIDE PARK	KY	41017
Name		Post Office Box Number	City	State	Zip Code
Name	Street Address or F	Post Office Box Number	City	State	Zip Code
Name	Chanch Address of I	Post Office Box Number	City	State	Zip Code
with redactions to		ness as defined by KRS 14A.1-070(4 mbers, dates of birth, and home a ne Secretary of State).			
I/We declare un	der penalty of perjury un	der the laws of the state of Kent	tucky that the foregoing	is true and c	orrect.
0//	4	JALEN HUDSON	PRESIDENT	11	/12/2024
Signature of Incorp	orator	Printed Name	Title	Da	ate
I, JALEN HUDSON			, consent to serve as the reg	istered agent on	behalf of the corporation
Print Name of Re		Jalen Hudson	President		1/12/2024
Signature of Regis	tered Agent	Printed Name	Title	Da	ate