

REVIEWED

By tamsin.wade at 9:32 am, 8/12/24



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. 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:

WISEMAN INSURANCE, LLC

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

603 MILL ST	LEITCHFIELD	KY	42754
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is MATTHEW C WISEMAN

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

PO BOX 587	LEITCHFIELD	KY	42755
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).

(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 DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

	MATTHEW WISEMAN	08/08/2024
Signature of Organizer	Printed Name & Title	Date

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

	MATTHEW WISEMAN	08/08/2024
Signature of Registered Agent	Printed Name	Date