



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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:

Shelby Osborne Insurance, LLC

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

171 East Second Street	Maysville	Kentucky	41056
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Shelby L. Osborne

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

171 East Second Street	Maysville	Kentucky	41056
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 effective date is _____

Please indicate the county in which your business operates: County: <u>Mason</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 applies to 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"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Other	

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

	Shelby L. Osborne	<u>3/4/2020</u>
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
I, <u>Shelby L. Osborne</u> , consent to serve as the registered agent on behalf of the limited liability company.		
Print Name of Registered Agent		

	Shelby L. Osborne	<u>3/4/2020</u>
Signature of Registered Agent	Printed Name	Date