



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is TOM BARRICK INSURANCE AND FINANCIAL SERVICES INC

Article II: The number of shares the corporation is authorized to issue is 1000, COMMON SHARES

Article III: The street address of the corporation's initial registered office in Kentucky is
5518 TAYLOR MILL ROAD TAYLOR MILL KENTUCKY 41015
 Street Address (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Thomas J. Barrick

Article IV: The mailing address of the corporation's principal office is
5518 TAYLOR MILL ROAD TAYLOR MILL KENTUCKY 41015
 Street Address or Post Office Box Number City State Zip Code

Article V: The name and mailing address of the incorporator is as follows:
Thomas J. Barrick 5518 Taylor Mill Road Taylor Mill Kentucky 41015
 Name Street Address or Post Office Box Number City State Zip Code
 Name Street Address or Post Office Box Number City State Zip Code
 Name Street Address or Post Office Box Number City State Zip Code

Article VI: 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 date and/or time is _____
 (Delayed effective date and/or time)

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

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

Thomas J. Barrick Thomas J. Barrick, Sole Shareholder 1/9/19
 Signature of Incorporator Printed Name Title Date

I, Thomas J. Barrick, consent to serve as the registered agent on behalf of the corporation.

Thomas J. Barrick Thomas J. Barrick Sole Shareholder 1/9/19
 Signature of Registered Agent Printed Name Title Date