

REVIEWED

By Tamsin Wade at 3:02 pm, Apr 02, 2025

1443755.06

mmore
ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
4/2/2025 3:08 PM
Fee Receipt: \$40.00COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.govArticles 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:

Kenzie Wilson Insurance Agency LLC

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

408 East Main Street

Elkton

Ky

42220

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Mackenzie Wilson

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

PO Box 23

Russellville

KY

42276

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):

X

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 copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

Mackenzie Wilson
Signature of OrganizerMackenzie Wilson Owner
Printed Name & Title04/02/2025
Date

Signature of Organizer

Printed Name & Title

Date

I, Mackenzie Wilson
Print Name of Registered Agent

consent to serve as the registered agent on behalf of the limited liability company.

Mackenzie Wilson
Signature of Registered AgentMackenzie Wilson
Printed Name04/02/2025
Date