



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 JENNIFER BROWN INSURANCE AGENCY, INC

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

Article III: The street address of the corporation's initial registered office in Kentucky is

5301 WEST HWY 146	CRESTWOOD	KY	40014
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is JENNIFER BROWN

Article IV: The mailing address of the corporation's principal office is

5301 WEST HWY 146	CRESTWOOD	KY	40014
Street Address or Post Office Box Number	City	State	Zip Code

Article V: The name and mailing address of the incorporator is as follows:

JENNIFER BROWN	2001 CEDAR POINT ROAD	LAGRANGE	KY	40031
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: OLDHAM

To complete the following, please shade the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)

☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

☒ Women-Owned

☐ Veteran Owned

☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture

☐ Mining

☐ Services

☐ Construction

☐ Wholesale Trade

☐ Retail Trade

☐ Manufacturing

☒ Finance, Insurance, Real Estate

☐ Public Administration

☐ Transportation, Communications, Electric, Gas, Sanitary Services

☐ Other

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



Signature of Incorporator

JENNIFER BROWN

Printed Name

PRESIDENT

Title

5-26-17

Date

I, JENNIFER BROWN

Print Name of Registered Agent

consent to serve as the registered agent on behalf of the corporation.



Signature of Registered Agent

JENNIFER BROWN

Printed Name

PRESIDENT

Title

5-26-17

Date