

REVIEWED

By Tamsin Wade at 10:52 am, Jan 27, 2025

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 584-3490
www.sos.ky.govArticles of Organization
Limited Liability Company

KLC

1424956.06

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ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
1/27/2025 11:19 AM
Fee Receipt: \$40.00

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:

Lake Cumberland Insurance Advisors *LCC*

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

65 Greenleaf Dr	Somerset	Kentucky	42503
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Lana Brainard

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

65 Greenleaf Dr	Somerset	KY	42503
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 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.

<i>Lana Brainard</i>	Lana Brainard	1/22/2025
Signature of Organizer	Printed Name & Title	Date

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

<i>Lana Brainard</i>	Lana Brainard	1/22/2025
Signature of Registered Agent	Printed Name	Date

(1/25)