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LAOO  
**Michael G. Adams**  
Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. 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**  
Professional Liability Company

**PLC**

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 professional limited liability company is:  
MCBB Enterprise, LLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:  
9900 Corppt Campus Dr Ste 3000 Louisville KY 40223

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
<u>9900 Corppt Campus Dr Ste 3000</u>	<u>Louisville</u>	<u>KY</u>	<u>40223</u>

and the name of the initial registered agent at that office is United States Corporation Agents, Inc.

Article III: The mailing address of the professional limited liability company's initial principal office is:  
180 Reserves Blvd Shepherdsville KY 40165

Street Address or Post Office Box Number	City	State	Zip Code
<u>180 Reserves Blvd</u>	<u>Shepherdsville</u>	<u>KY</u>	<u>40165</u>

Article IV: The professional limited liability company is to be managed by (must check one):

- A. a manager(s).
- B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:  
Insurance Agency services provided by a licensed Resident Agent.

Article VI: This application will be effective upon \_\_\_\_\_

Article VII:  If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

<u>Maureen Christine Bruce</u>	<u>Maureen Christine Bruce</u>	<u>10/28/2022</u>
Signature of Organizer	Printed Name	Date

Signature of Organizer	Printed Name	Date

Signature of Organizer	Printed Name	Date

<u>United States Corporation Agents, Inc.</u>	consent to serve as the registered agent on behalf of the limited liability company.	
Print Name of Registered Agent	<u>Cheyenne Moseley, Assistant Secretary,</u>	<u>11/3/22</u>
<u>CMA</u>	<u>United States Corporation Agents, Inc.</u>	
Signature of Registered Agent	Printed Name	Date



# ANDY BESHEAR

## GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

**MAUREEN CHRISTINE BRUCE  
SHEPHERDSVILLE, KY**

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

**RESIDENT AGENT FOR: HEALTH, PROPERTY, LIFE AND  
CASUALTY INSURANCE**

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



**Sharon P. Clark**

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 603449

Print Date : 10/22/2022

NPN ID : 8396797