



**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 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

Bluegrass State Insurance LLC

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

100 Saint George St	Richmond	KY	40475
<b>Street Address Only (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is Tony Tipton

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

100 Saint George St	Richmond	KY	40475
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

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

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

Article V: 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 \_\_\_\_\_.

Please indicate the county in which your business operates:

County: Madison

*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)


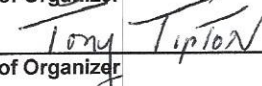
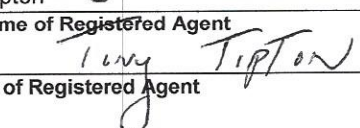
Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned    ☐ Veteran Owned    ☐ Minority Owned

Please indicate which of the following best describes your business:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                               |
| <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |   |
| <input type="checkbox"/> Other                 |   |  |   |

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

	Bryon Elkins- Member	9.21.17
Signature of Organizer	Printed Name & Title	Date
	Tony Tipton- Member	9.21.17
Signature of Organizer	Printed Name & Title	Date
I, Tony Tipton, consent to serve as the registered agent on behalf of the limited liability company.		
Print Name of Registered Agent		
	Tony Tipton	9.21.17
Signature of Registered Agent	Printed Name	Date