



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  
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: C. Scherff Insurance Agency LLC

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

<u>1780 Timber Lane</u>	<u>Burlington</u>	<u>KY</u>	<u>41005</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Christopher Scherff

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

<u>1780 Timber Lane</u>	<u>Burlington</u>	<u>KY</u>	<u>41005</u>
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):

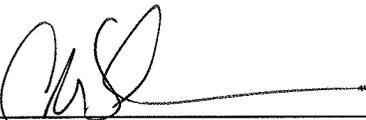
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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

Article V: This application will be effective upon filing.

If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

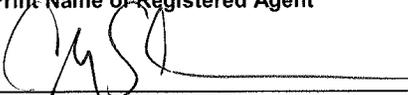
  
Signature of Organizer

Christopher Scherff, Member

8/13/21  
Date

Christopher Scherff  
Print Name of Registered Agent

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

  
Signature of Registered Agent

Christopher Scherff

8/13/21  
Date