REVIEWED

By Tamsin Wade at 5:01 pm, Jan 02, 2025



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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/2/2025 11:15 AM Fee Receipt: \$50.00

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 Incorporation Profit Corporation

PAI

(502) 564-3490 www.sos.ky.gov	WZ	- Tom Gorporation			
Pursuant to KRS	S 14A and KRS 27	1B, the undersigned hereby for	ms a business compration and	for that purpose	ooto familia Haa falli s
		ion is Simon Insurance and Financial Service		nor that purpose	sets forth the followi
Article II: The ni	umber of shares the	e corporation is authorized to	issue is 100		
		e corporation's initial registere			
603 E 4th Street			Russetivitte	100	
Street Address (No	Post Office Box Num	bers)	City	State	42276
and the name of	the initial registere	d agent at that office is Travis Sin		Sizie	Zip Code
		he corporation's principal offic			
03 E 4th Street		the structures from State visiting of Control of Contro			
treet Address or P	ost Office Box Number	r	Russellville	KY	42276
			City	State	Zip Code
vrticle V: The na	ame and mailing ad	Idress of the incorporator is as	follower		
	003 E 481 Street		Russellville		
ame	Street Addres	ss or Post Office Box Number	City	State	42276 Zip Code
ame	Street Addres	ss or Post Office Box Number	City	State	Zip Code
ame	Street Addres	ss or Post Office Box Number	City		
		law may be stated in the space be	on or additional pages may be	attached and inco	rporated by reference
If checked, this is ospective veteran-c Il not be available fo	s a veteran-owned busions owners with redactions or public view and will	ness as defined by KRS 14A.1-070(45 to remove social security numbers, be destroyed after verification by th	i) (Include copies of DD-214 form dates of birth, and home address	s or active duty miles. Note: DD-214s	litary IDs of all
		and destroyed after verification by th	e secretary of State).		,8.
Ve declare unde	er penalty of perjury	under the laws of the state of	f Kentucky that the foregoin	g is true and co	prrect.
nature of Incorpor		Travis Simon	President	1.	2110/2
	rator	Manual Supplication Services			2/18/2024
ravis Simon	rator	Printed Name	Title	Date	
		Manual Supplication Services		=0.5	9
Print Name of Regis	stered Agent	Manual Supplication Services	Title , consent to serve as the re	=0.5	e pehalf of the corporation
Travis Simon Print Name of Regis gnature of Register	stered Agent	Printed Name	Title	=0.5	e pehalf of the corporation 2/18/2029

FILING INSTRUCTIONS ARTICLES OF INCORPORATION

NAME

The corporate name must contain the word "corporation," "incorporated," "company," or "limited," or the abbreviation "corp.," "inc.," "co.," or "itd." A corporate name must be distinguishable upon the records of the Office of the Secretary of State from any other name on record with the Office of the Secretary of State.

The articles of incorporation shall prescribe the classes of shares and the number of shares of each class the corporation is authorized to issue. If there is more than one class of shares, please do not use form, as articles must set forth a distinguishing designation for each class, and the preferences, limitations and

REGISTERED AGENT AND REGISTERED OFFICE

Each business entity must appoint and continuously maintain a registered agent to receive legal service of process (i.e., a lawsuit), who shall be an individual resident of Kentucky, a Kentucky entity, or a foreign entity authorized to transact business in Kentucky. The registered office address shall be the street address in Kentucky where the registered agent is located.

CONSENT OF REGISTERED AGENT

The registered agent shall give written consent to accept the appointment by signing this document or an attachment. If the registered agent is an entity or foreign entity, a signature of the individual authorized to accept the appointment on behalf of the registered agent is required.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

ADDITIONAL ARTICLES

Additional space is provided for the inclusion of any additional (non-mandatory) articles. Any additional articles shall be consecutive and begin with Article VI.

VETERAN

Means any person who served in the United States Armed Forces, Reserves, or National Guard and was separated or released therefrom with an honorable discharge, discharge under honorable conditions, or general discharge under honorable conditions or any person who currently serves in the United States Armed Forces, Reserves, or National Guard.

VETERAN-OWNED BUSINESS

KRS 14A.1-070(45) defines a veteran-owned business as one that is at least 51% unconditionally owned by one or more veterans, or in the case of a publiclyowned business, at least 51% of the stock is owned by one or more veterans. KRS 14A.2-165 states that the fee for this filling is waived if the business is

WHO MAY SIGN

The document must be signed by an incorporator.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

The filing fee for a business corporation is

1. Articles of Incorporation \$40,00

2. Organization Tax Fee for 1,000 shares or less +\$10.00 **Total Fiting Fee** \$50.00

KRS 136,060 requires every corporation to pay an organization tax based upon the number of shares authorized by the articles of incorporation. The minimum organization tax fee for one thousand (1,000) shares or less is \$10.00. If the corporation is issuing more than 1,000 shares, please contact the Office of the Secretary of State for total filing fee due. Your check should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Office of the Secretary of State

P.O. Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue

Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

DOCUMENT RETURN

A file-stamped postcard will be returned to the principal office address. If the incorporator wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request.

NUMBER OF CORIES

When filing online with the One Stop Business Portal system, no copies are required. If filing via mail or in person, one exact copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES: The corporation must file an annual report with the Office of the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Office of the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Office of the Secretary of State whenever a change has occurred involving any of the above categories. You may file your statement of change or annual report online at www.sos.ky.gov.