



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:

1780 Timber Lane	Burlington	KY	41005
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:

1780 Timber Lane	Burlington	KY	41005
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.

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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

Printed Name & Title

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

Printed Name

8/13/21  
Date