Commonwealth of Kentucky Michael G. Adams, Secretary of State

1445467.06 Michael G. Adams Secretary of State Received and Filed 4/9/2025 12:00:00 AM

Fee receipt: \$90

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

- 1. The entity is a **limited liability company**.
- 2. The name of the entity is

Vision Wealth Insurance Services

3. The name of the entity to be used in Kentucky is

VISION WEALTH INSURANCE SERVICES LLC

- 4. The state or country under whose law the entity is organized is **Tennessee**.
- 5. The date of organization is 10/2/2023 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

1807 Brownsboro Rd., Louisville, KY 40206

7. The name of the initial registered agent is

Robert Wolford

and the street address of the entity's initial registered office in Kentucky is

1807 Brownsboro Rd., Louisville, KY 40206

8. The names and business addresses of the entity's representatives:

Manager	Robert Wolford	1807 Brownsboro Rd., Louisville, KY 40206
Organizer	Robert Wolford	1807 Brownsboro Rd., Louisville, KY 40206

- 9. This entity is managed by **Managers**.
- 10. This filing will be effective on Wednesday, April 9, 2025.

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

Signature of individual signing on behalf of **President: Robert A Wolford**

I, **Robert Wolford**, consent to serve as the Registered Agent on Page 1 of 2

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behalf of this entity on Wednesday, April 9, 2

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