

Division of Business Filings

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1368273.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/30/2024 9:28 AM Fee Receipt: \$40.00

NLC

Articles of Organization Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned	d applies to qualify and for that po	urpose submits the	following statements:
Article I: The name of the limited liability company is	S:		
TK Insurance, LLC			
Article II: The street address of the limited liability c	ompany's initial registered office i	n Kentucky is:	
39 Fairlane Drive	Vanceburg	KY	41179
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent at that o	ffice is Terri Rigdon		
Article III: The mailing address of the limited liability	company's initial principal office	is:	
39 Fairlane Drive	Vanceburg	KY	41179
Street Address or Post Office Box Number	City	State	Zip Code
Article IV: The limited liability company is to be mar	naged by (must check one):		
	laged by (mast shock one).		
B. its member(s).			
(Additional articles not inconsistent with law may be state	d in the space below or additional page	es may be attached and	d incorporated by reference.)
Terri Rigdon, Member/Manager			
Kathy McCann, Member			
☐ If checked, this is a veteran-owned business as defi			
veteran-owners with redactions to remove social secur not be available for public view and will be destroyed a			DD-214s will
not be available for public view and will be destroyed a	iter verification by the Secretary of S	state).	
1004			
I/We declare under penalty of perjury under the laws	s of the state of Kentucky that the	foregoing is true a	nd correct.
n. (19).			
den of king	Terri Rigdon, Memb	oer/Manager	5-28-2024
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Kathy McCann, Memb	oer	5-28-2024
Signature of Organizer	Printed Name & Title		Date
Terri Rigdon	consent to conve so the registered	agent on hebelf of the Th	mited liability as
Print Name of Registered Agent	, consent to serve as the registered	agent on behalt of the lif	nited liability company.
01/2 - (4)			5 00 000
Signature of Registered Agent	Terri Rigdon Printed Name	Date	5-28-2024