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Michael G. Adams

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Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

KLC

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

Articles of Organization Limited Liability Company

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: Clarity Insurance Group LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:					
1128 North Main Street	Madisonville	KY	42431		
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code		
and the name of the initial registered agent at that office isNicholas Stephen Russell					

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

1128 North Main Street	Madisonville	KY	42431
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):

Α.	а	manager(s).
<i>F</i> 3.	ч	manager(3).

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.

The I Knowld	Nicholas Russell	8/25/2022	
Signature of Organizer	Printed Name & Title	Date	
I, Nicholas Stephen Russell Print Name of Registered Agent	_, consent to serve as the registered agent on behalf of the limited liability company.		
V-l & Kondk	Nicholas Stephen Rusell	8/25/2022	
Signature of Registered Agent	Printed Name	Date	