REVIEWED By Tamsin Wade at 1:26 pm, N	lar 10, 2025				AD
			Ken Rec	hael G. Adams htucky Secretary of ceived and Filed: 0/2025 1:31 PM	
	COMMONWEALTH OF MICHAEL G. ADAMS, SECRE		Fee	e Receipt: \$40.00	
	icles of Organization ited Liability Company			KL	C
Charles T Cayce					
Pursuant to KRS 14A and KRS 275, the	undersigned applies to qualify	and for that purpos	e submits the	e following stateme	ents:
Article I: The name of the limited liabilit Tom Cayce Insurance LLC	/ company is:				
Article II: The street address of the limit 6479 Summit Drive		istered office in Ker ensboro	ntucky is: KY	423	803
Street Address Only (No Post Office Box Num			State	Zip Code	9
and the name of the initial registered ag	ent at that office is Charle	es Cayce			<u> </u>
Article III: The mailing address of the li	aitad liability aamaany's initial n	ringinal office is:			
6479 Summit Drive		ensboro	KY	423	30.3
Street Address or Post Office Box Number	City		State	Zip Code	
Article IV: The limited liability company A. a manager(X. B. its member((Additional articles not inconsistent with law	s). s).		/ be attached ar	nd incorporated by re	ference.)
X B. its member	s). s).		/ be attached ar	nd incorporated by re	ference.)
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