

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:

A&K INSURANCE LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

2501 S 4TH ST	LOUISIVLLE	KY	40208
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is KRISH PATEL

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

2501 S 4TH ST	LOUISVILLE	KY	40208
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):

- ☐ A. a manager(s).
☒ B. its member(s).

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include copies of DD-214 forms or active duty military IDs of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s and military ID images will not be available for public view and will be destroyed after verification by the Secretary of State).

Check, if applicable: ☐ This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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

	KRISH PATEL MEMBER	1-13-2024
Signature of Organizer	Printed Name & Title	Date
	ALIN PATEL MEMBER	1-13-2024
Signature of Organizer	Printed Name & Title	Date

I, KRISH PATEL, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

	KRIISH PATEL	1-13-2024
Signature of Registered Agent	Printed Name	Date



ANDY BESHEAR

GOVERNOR

KNOW ALL PEOPLE BY THESE PRESENTS THAT:

A&K Insurance

DBA UPSHOT INSURANCE

LOUISVILLE, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR:

HEALTH AND LIFE INSURANCE

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 1377500

Print Date : 1/13/2025

NPN ID : 21420158