

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Organization Limited Liability Company

KLC

(502) 564-3490 www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2	75, the undersigned app	olies to qualify and for that purp	ose submits the fo	ollowing statements:
Article I: The name of the limited	liability company is:	DNity INSURA	ince As	Sency, LLC
Article II: The street address of the 103 Aubelle Street Address Only (No Post Office Board the name of the initial register	ne limited liability compa	nny's initial registered office in K BA2dStowN		40004
Street Address Only (No Post Office Bo	x Numbers)	City	State	Zip Code
and the name of the initial registe	red agent at that office i	s KyAN Perkin-	2	·
Article III: The mailing address of 103 Aubergo	1 Ct	pany's initial principal office is: BAEDSTOWN City	State	40004 Zip Code
Article IV: The limited liability con A. a mar B. its me	nager(s).	by (must check one):		
Article V: This application will be	effective upon filing.			
If checked, this business is instructions).	veteran-owned as defin	ned by KRS 14A.2-070(45) for t	the purposes of 1	4A.2-165 (see filing
I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Ryan Pulsus	2	RYAN PERKINS		10/22/2020 Date
Print Name of Registered Agent	16	consent to serve as the registered ager	nt on behalf of the limi	
Rya Pubu Signature of Registered Agent	is	RYAN PERKINS	10/3	22/2020