



COMMONWEALTH OF KENTUCKY
MICHAEL 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:

Matthew Page Insurance, LLC

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

<u>7003 Shelbyville Road</u>	<u>Simpsonville</u>	<u>KY</u>	<u>40067</u>
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Matthew R. Page

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

<u>7003 Shelbyville Road</u>	<u>Simpsonville</u>	<u>KY</u>	<u>40067</u>
Street Address or Post Office Box Number	City	State	Zip Code

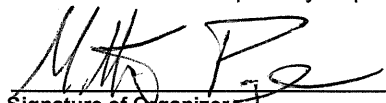
Article IV: The limited liability company is to be managed by (must check one):

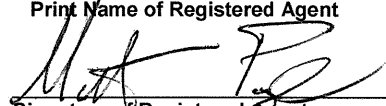
- A. a manager(s).
 ✓ B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates: County: <u>Shelby</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business: <input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Other	

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

	<u>Matthew R. Page</u>	<u>February 14, 2020</u>
Signature of Organizer	Printed Name & Title	Date

Signature of Organizer	Printed Name & Title	Date
I, <u>Matthew R. Page</u>	consent to serve as the registered agent on behalf of the limited liability company.	
Print Name of Registered Agent		
	<u>Matthew R. Page</u>	<u>February 14, 2020</u>
Signature of Registered Agent	Printed Name	Date