



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1255787.06

m Moore
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/25/2023 2:58 PM
Fee Receipt: \$40.00

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: Lonestar Insurance Services, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:
201 Wildcat Drive Richmond Kentucky 40475
Street Address Only (No Post Office Box Numbers) City State Zip Code
and the name of the initial registered agent at that office is: Eddie Hernandez

Article III: The mailing address of the limited liability company's initial principal office is:
201 Wildcat Drive Richmond Kentucky 40475
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.



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.

Signature of Organizer

Eddie Hernandez, Member

01/19/2023

Printed Name & Title

Date

Eddie Hernandez

Print Name of Registered Agent

I, Eddie Hernandez, consent to serve as the registered agent on behalf of the limited liability company.

Signature of Registered Agent

Eddie Hernandez

01/19/2023

Printed Name

Date



STEVEN L. BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

**EDDIE A HERNANDEZ
NICHOLASVILLE, 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: CASUALTY, PROPERTY, 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 license shall at all times be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the licensee shall promptly deliver said license to the Commissioner of Insurance.

DOI ID : 809917 Print Date : 8/27/2015
NPN ID : 16959573