



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Articles of Incorporation</b> <b>Profit Corporation</b>	<b>PAI</b>
---	---	------------

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Naomi Stevens Insurance Agency, Inc.

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is

<u>8811 Old Third Street Road</u>	<u>Louisville</u>	<u>KY</u>	<u>40272</u>
<b>Street Address (No Post Office Box Numbers)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the initial registered agent at that office is Naomi Stevens

Article IV: The mailing address of the corporation's principal office is

<u>8811 Old Third Street Road</u>	<u>Louisville</u>	<u>KY</u>	<u>40272</u>
<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Article V: The name and mailing address of the incorporator is as follows:

<u>Naomi Stevens</u>	<u>8811 Old Third Street Road</u>	<u>Louisville</u>	<u>KY</u>	<u>40272</u>
<b>Name</b>	<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<b>Name</b>	<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<b>Name</b>	<b>Street Address or Post Office Box Number</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Article VI: 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 date and/or time is June 18, 2018  
 (Delayed effective date and/or time)

Please indicate the county in which your business operates: County: <u>Jefferson</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 make up more than fifty percent (50%) of your business ownership: <input checked="" 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"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

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

<u>Naomi R. Stevens</u>	<u>Naomi R. Stevens</u>	<u>President</u>	<u>June 18, 2018</u>
<b>Signature of Incorporator</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>

I, Naomi R. Stevens, consent to serve as the registered agent on behalf of the corporation.

<u>Naomi R. Stevens</u>	<u>Naomi R. Stevens</u>	<u>Registered Agent</u>	<u>June 18, 2018</u>
<b>Signature of Registered Agent</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>