



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

Articles of Incorporation
Profit Corporation

PAI

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>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

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>
Street Address or Post Office Box Number	City	State	Zip Code

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>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

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: Jefferson

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☒ Women-Owned ☐ Veteran Owned ☐ 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>Naomi R. Stevens</u>	<u>Naomi R. Stevens</u>	<u>President</u>	<u>June 18, 2018</u>
Signature of Incorporator	Printed Name	Title	Date

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>
Signature of Registered Agent	Printed Name	Title	Date