



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. 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 Southern Insurance Agency, Inc

Article II: The number of shares the corporation is authorized to issue is 100

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

2215 Oak Level Road

Benton

KY

42025

Street Address (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Suzanne Walden

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

2215 Oak Level Road

Benton

KY

42025

Street Address or Post Office Box Number

City

State

Zip Code

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

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

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

<u>Suzanne Walden</u>	Suzanne Walden	President	10/20/2020
Signature of Incorporator	Printed Name	Title	Date

I, Suzanne Walden, consent to serve as the registered agent on behalf of the corporation.

<u>Suzanne Walden</u>	Suzanne Walden	President	10/20/2020
Signature of Registered Agent	Printed Name	Title	Date