



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

<b>Division of Business Filings</b> <b>Business Filings</b> 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>
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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 ANDY SMITH 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>1707 SPENCER HAMILTON ROAD</u>	<u>LORETTO</u>	<u>KY</u>	<u>40037</u>
<small>Street Address (No Post Office Box Numbers)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

and the name of the initial registered agent at that office is JOSEPH ANDREW SMITH

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

<u>1707 SPENCER HAMILTON ROAD</u>	<u>LORETTO</u>	<u>KY</u>	<u>40037</u>
<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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

<u>JOSEPH ANDREW SMITH 1707 SPENCER HAMILTON ROAD</u>	<u>LORETTO</u>	<u>KY</u>	<u>40037</u>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>

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 N/A  
(Delayed effective date and/or time)

Please indicate the county in which your business operates: County: <u>MARION</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 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>Joseph Andrew Smith</u>	<u>JOSEPH ANDREW SMITH</u>	<u>PRESIDENT</u>	<u>8-1-18</u>
<small>Signature of Incorporator</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>
I, <u>JOSEPH ANDREW SMITH</u> , consent to serve as the registered agent on behalf of the corporation. <small>Print Name of Registered Agent</small>			
<u>Joseph Andrew Smith</u>	<u>JOSEPH ANDREW SMITH</u>	<u>PRESIDENT</u>	<u>8-1-18</u>
<small>Signature of Registered Agent</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>