

(09/17)

COMMONWEALTH OF KENTUCKY
ALISON L. UNDERGAN GRIMES, SECRETARY OF STATE



Division of Business Filings
Business Filings
P.O. Box 719, Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

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
The Guardian Insurance Group LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
304 MAIN ST
GREENUP KY 41144

and the name of the initial registered agent at that office is Charles Osborne
Article III: The mailing address of the limited liability company's initial principal office is
304 MAIN ST
GREENUP KY 41144

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, 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 _____

Please indicate the county in which your business operates: GREENUP
County: GREENUP
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:
Woman-Owned Veteran Owned Minority Owned
Please indicate which of the following best describes your business:
Agriculture Mining Services Construction
Wholesale Trade Retail Trade Manufacturing Finance, Insurance, Real Estate
Public Administration Transportation, Communications, Electric, Gas, Sanitary Services Other

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.
Signature of Organizer: *Patrick Whithead*
Printed Name of Organizer: Patrick Whithead, Manager
Date: 10/30/2019

Signature of Organizer: *Charles Osborne*
Printed Name of Organizer: Charles Osborne
Date: 10-30-2019
Signature of Registered Agent: *Charles Osborne*
Printed Name of Registered Agent: Charles Osborne
Date: 10-30-2019
I, Charles Osborne, consent to serve as the registered agent on behalf of the limited liability company.