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 Organization
Limited Liability Company

KLC

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: Catron Insurance Agency, LLC.

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

1215 North Main Street, STE 10	Monticello	KY	42633
Street Address Only (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Kennth D. Catron, Jr.

Article III: The mailing address of the limited liability company's initial principal office is:

1215 North Main Street, STE 10	Monticello	KY	42633
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

Article IV: The limited liability company is to be managed by (must check one):

- [x] A. a manager(s).
- [ ] B. its member(s).

Article V: This application will be effective upon filing.

☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

Signature of Organizer	Kenneth D. Catron, Jr.	08-24-2020
	Printed Name & Title	**Date**

I, Kenneth D. Catron, Jr., consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Signature of Registered Agent	Kenneth D. Catron, Jr.	08-24-2020
	Printed Name	**Date**

(07/20)