



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: ABrown Insurance LLC

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

5505 Overbrook Woods PI Unit 301  
Louisville Kentucky 40291  
Street Address Only (No Post Office Box Numbers)  
City State Zip Code

and the name of the initial registered agent at that office is Andre Brown

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

5505 Overbrook Woods PI Unit 301  
Louisville Kentucky 40291  
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):

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

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.

Andre Brown  
3/8/2022

Printed Name & Title

Date

Signature of Organizer

Andre Brown

Print Name of Registered Agent

Andre Brown  
3/8/2022

Printed Name

Date

Signature of Registered Agent

I consent to serve as the registered agent on behalf of the limited liability company.