



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
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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:

PROFESSIONAL INSURANCE PLANS Agency LLC

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

1795 Alysheba Way, Suite 4201 Lexington Ky 40509
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Gregory Bellamy

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

1795 Alysheba Way, Suite 4201 Lexington Ky 40509
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):

☒
☐

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

Greg Bellamy GREG Bellamy / owner 10/5/23
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

GREG Bellamy, consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Greg Bellamy GREG Bellamy 10/5/23
Signature of Registered Agent Printed Name Date