



COMMONWEALTH OF KENTUCKY
MICHAEL 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:

MAYS INSURANCE LLC

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

1475 U.S. HIGHWAY 25E, SUITE 3 MIDDLESBORO KY 40965
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is JUSTIN MAYS

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

1475 U.S. HIGHWAY 25E, SUITE 3 MIDDLESBORO KY 40965
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, 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 effective date is

Please indicate the county in which your business operates: County: BELL
To complete the following, please shade the box completely.
Please indicate the size of your business: [X] Small (Fewer than 50 employees) [] Large (50 or more employees)
Please indicate whether any of the following applies to your business ownership: [] Women Owned [] Veteran Owned [] Minority Owned
Please indicate which of the following best describes your business: [] Agriculture [] Mining [] Services [] Construction [] Wholesale Trade [] Retail Trade [] Manufacturing [X] 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.

Justin Mays JUSTIN MAYS, MEMBER 05/08/2019
Signature of Organizer Printed Name & Title Date

I, JUSTIN MAYS consent to serve as the registered agent on behalf of the limited liability company.
Print Name of Registered Agent

Justin Mays JUSTIN MAYS 05/08/2019
Signature of Registered Agent Printed Name Date