



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
 PO Box 718, Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Wade Hembree Insurance Agency, Inc.

Article II: The number of shares the corporation is authorized to issue is 100

Article III: The street address of the corporation's initial registered office in Kentucky is
182 Old Seven Mile Pike, Shelbyville, Kentucky 40065

Street Address (No Post Office Box Numbers)	City	State	Zip Code
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and the name of the initial registered agent at that office is Wade Hembree

Article IV: The mailing address of the corporation's principal office is

182 Old Seven Mile Pike, Shelbyville, Kentucky 40065

Street Address or Post Office Box Number	City	State	Zip Code
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Article V: The name and mailing address of the incorporator is as follows:

Name	Street Address or Post Office Box Number	City	State	Zip Code
Wade Hembree	182 Old Seven Mile Pike, Shelbyville, Kentucky 40065			

Name	Street Address or Post Office Box Number	City	State	Zip Code
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Name	Street Address or Post Office Box Number	City	State	Zip Code
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Article VI: 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 _____
 (Delayed effective date and/or time)

Please indicate the county in which your business operates: County: <u>Shelby</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following applies to your business ownership: <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

<u>Wade Hembree</u>	<u>Wade Hembree</u>	<u>President</u>	<u>11/25/19</u>
Signature of Incorporator	Printed Name	Title	Date

I, Wade Hembree, consent to serve as the registered agent on behalf of the corporation.

<u>Wade Hembree</u>	<u>Wade Hembree</u>	<u>President</u>	<u>11/25/19</u>
Signature of Registered Agent	Printed Name	Title	Date