

## COMMONWEALTH OF KENTUCKY

MICHAEL G. ADAMS, SECRETARY OF STATE PAI Articles of Incorporation **Division of Business Filings Profit Corporation** Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements: P.O. Box 718 Article I: The name of the corporation is MCCOWAN INSURANCE INC ate Article III: The street address of the corporation's initial registered office in Kentucky is 40437 Zip Code KY HUSTONVILLE State and the name of the initial registered agent at that office is MICAH BRAYDEN MCCOWAN Article IV: The mailing address of the corporation's principal office is 40437 KY Zip Code HUSTONVILLE State City 115 BLACK PIKE Street Address or Post Office Box Number 40437 Article V: The name and mailing address of the incorporator is as follows: KY HUSTONVILLE Zip Code State City Street Address or Post Office Box Number Zip Code MICAH BRAYDEN MCCOWAN State City Street Address or Post Office Box Number Zip Code Name State City Street Address or Post Office Box Number Name If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions). Name Article VI: This application will be effective upon filing. I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. consent to serve as the registered agent on behalf of the corporation. **Printed Name** Signature of Incorporato 01/31/21 MICAH BRAYDON MCCOWAN

MICAH BRAYDEN MCCOWAN

**Printed Name** 

PRESIDENT

Title

Date

Print Name of Registered Agent

Signature of Registered Agent