



**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 Organization Limited Liability Company <span style="float: right;">KLC</span>
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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  
BARRY SPURLOCK INSURANCE LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
1053 MEADOW RIDGE DRIVE RICHMOND KY 40475  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is BARRY SPURLOCK

Article III: The mailing address of the limited liability company's initial principal office is  
1053 MEADOW RIDGE DRIVE RICHMOND KY 40475  
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 date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

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

[Signature] BARRY SPURLOCK, MEMBER 9/9/2015  
Signature of Organizer Printed Name & Title Date

\_\_\_\_\_  
Signature of Organizer Printed Name & Title Date

I, BARRY SPURLOCK, consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent  
[Signature] BARRY SPURLOCK 9/9/2015  
Signature of Registered Agent Printed Name Date