

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of O			KLC	
Pursuant to KRS 14A and KRS 2	<u>I</u> 275, the undersigned	applies to qualify and for th	at purpose submits th	ne following statements:	
Article I: The name of the limited	d liability company is:	Price Point Insurance	Services, LLC		
Article II: The street address of	the limited liability co	mpany's initial registered off	fice in Kentucky is:		
1025 Capital Center Drive		Frankfort	KY	40601	
Street Address Only (No Post Office E	Box Numbers)	City	State	Zip Code	
and the name of the initial registor	ered agent at that off	ice is Beau Scott			
Article III: The mailing address of	of the limited liability of			40004	
1025 Capital Center Drive		Frankfort	KY	40601	
Street Address or Post Office Box Nu	mber	City	State	Zip Code	
Article V: This application will be		defined by KRS 14A.2-070(45) for the purposes (of 14A 2.165 (see filing	
instructions).	s veteran-owned as	defined by KINS 14A.2-070(45) for the purposes t	7 14A.2-105 (See IIIIIIg	
I declare under penalty of perjury	under the laws of th				
Dr. H. Sal		Beau Scott,	Member	8/31/2020	
Signature of Organizer		Printed Name & Title		Date	
, Beau Scott		, consent to serve as the registe	ered agent on behalf of the	limited liability company.	
Print Name of Registered Agent			_	. , ,	
Beno Soto	/	Beau Scott	8/3	8/31/2020	
Signature of Registered Agent		Printed Name	Date		