



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

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

Clifton Insurance Agency, LLC

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

| | | | |
|---|---------------------|----------------------|-------------------------|
| <u>150 Plantation Way</u> | <u>West Paducah</u> | <u>Kentucky</u> | <u>42086</u> |
| <small>Street Address Only (No Post Office Box Numbers)</small> | <small>City</small> | <small>State</small> | <small>Zip Code</small> |

and the name of the initial registered agent at that office is Brandon Clifton

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

| | | | |
|---|---------------------|----------------------|-------------------------|
| <u>150 Plantation Way</u> | <u>West Paducah</u> | <u>Kentucky</u> | <u>42086</u> |
| <small>Street Address or Post Office Box Number</small> | <small>City</small> | <small>State</small> | <small>Zip Code</small> |

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 01/11/2018.

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|--|--|
| Please indicate the county in which your business operates: County: <u>McCracken</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 make up more than fifty percent (50%) of 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 type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input checked="" 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>W. Brandon Clifton</u> | |
| <small>Signature of Organizer</small> | <small>Printed Name & Title</small> | <small>Date</small> |

| | | |
|---|---|---------------------|
| <u>I, W. Brandon Clifton</u> | <u>W. Brandon Clifton</u> | |
| <small>Print Name of Registered Agent</small> | <small>Printed Name & Title</small> | <small>Date</small> |

| | | |
|--|-----------------------------|---------------------|
| | <u>W. Brandon Clifton</u> | |
| <small>Signature of Registered Agent</small> | <small>Printed Name</small> | <small>Date</small> |