


**STATE OF IDAHO**
*Office of the secretary of state, Lawerence Denney*  
**FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

 Idaho Secretary of State  
 PO Box 83720  
 Boise, ID 83720-0080  
 (208) 334-2301  
 Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0004256151

Date Filed: 4/27/2021 11:25:14 AM

## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below)

Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

The Porter Group Insurance, LLC

The Porter Group Insurance, LLC

2. Home Jursidiction

The jurisdiction of formation is:

KENTUCKY

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

 1308 MOORES FLAT RD  
 MOREHEAD, KY 40351

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

 JULIA PORTER  
 1308 MOORES FLAT RD  
 MOREHEAD, KY 40351

5. The complete street address of the principal office is:

Principal Office Address

 1308 MOORES FLAT RD  
 MOREHEAD, KY 40351

6. The mailing address of the principal office is:

Mailing Address

 1308 MOORES FLAT RD  
 MOREHEAD, KY 40351-8734

7. Registered Agent Name and Address

Registered Agent

 DEAN L CAMERON  
 Commercial Registered Agent  
 Physical Address  
 700 W STATE ST 3RD FL  
 IDAHO DEPARTMENT OF INSURANCE  
 BOISE, ID 83702  
 Mailing Address  
 700 W STATE ST 3RD FL  
 BOISE, ID 83702

 I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
James E Porter Jr	Manager	1308 MOORES FLAT RD MOREHEAD, KY 40351-8734

Signature of individual authorized by the entity to sign:

James E Porter

Sign Here

04/27/2021

Date



Job Title: Manager

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**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 245852

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

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I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**THE PORTER GROUP INSURANCE, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 23, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27<sup>th</sup> day of April, 2021, in the 229<sup>th</sup> year of the Commonwealth.



A handwritten signature in blue ink that reads "Michael G. Adams".

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Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
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