

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0606503.09

vmiller ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/25/2021 1:36 PM Fee Receipt: \$20.00

| Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov      | Certificate of Assumed Name (Domestic or Foreign Business Entity)  ASN                          |  |  |
|--|---|--|--|
| Pursuant to the provisions of KRS following statement:  1. The assumed name is:  ACC                               | -   | to assume a name and, for that pu                          | urpose, submits the                                  |
| <ol><li>The name of the business entit<br/>name:<br/>ADO Professional Solut</li></ol>                              |   | artnership, the partners) that is/ar                       | e adopting the assumed                               |
| Name must be identical to the name   |   | f State.)  |  |
| a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statutor a Domestic Limited | l Partnership<br>Liability Partnership<br>Partnership<br>is Trust<br>ation<br>Liability Company |  | ity Partnership<br>ership<br>st<br>ity Company<br>st |
| 4. The business is organized and   | existing in the state or country  | of FLORIDA   |  |
| 5. The mailing address is:   | -   |  |  |
| 10151 DEERWOOD PARK  | BLVD, BLDG 200,   |  |  |
| Street Address or Post Office Box No. 1  I declare under penalty of perjury  |   | t the forgoing is true and correct.  SNR VP, SECY, GEN CSL | Zip<br>01/20/21                                      |

**Printed Name** 

Title

Date

**Authorized Party Signature**