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### **Commonwealth of Kentucky** Michael G. Adams, Secretary of St

1247100 Michael G. Adams **KY Secretary of State** Received and Filed 1/16/2023 2:59:29 PM Fee receipt: \$20.00

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

# **Certificate of Assumed Name**

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a hame, and for that purpose, submits the following statements:

1. The assumed name is:

### LIMESTONE LIMOUSINE

The name of the business entity that is adopting the assumed name is: 2.

# **GODSPEED TRANSPORTATION, LLC**

- This application will be effective upon filing. 3.
- 4. The mailing address is:

#### 540 E. 2nd Street, Suites A/B, Lexington KY 40508

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> William M. Arvin Jr Member 1/16/2023