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

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

## HOME TOWN LIQUOR

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

## **RAMESVARI** Inc

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

100 vineland center suite 1, vinegrove KY 40175

This filing will be effective on Saturday, February 22, 2025.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **president: Dilip Patel** 2/22/2025 12:53:07 PM

C226

ASN

2/22/2025 12:53:07 PM

1053901.09 Michael G. Adams

Secretary of State Received and Filed

Fee receipt: \$20