

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1194301.06
Michael G. Adams
Secretary of State
Received and Filed
9/17/2024 1:07:30 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

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:

MANE FLOWER SALON

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

SAM'SCROCHETPLUSHIES, LLC

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

3197 SCOTTISH TRACE, LEXINGTON KY 40509

This filing will be effective on **Tuesday, September 17, 2024.**

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 owner: **Samantha Jones**

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