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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/27/2023 11:37 AM



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

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		
following statement:  1. The assumed name is:	s 365, the undersigned applies to a epoint Insurance	KY	·
name: LaRue Insurance, Inc.	ity (and in the case of general partness  e on record with the Secretary of St		s/are adopting the assumed
a Domestic Limited a Domestic Busine  a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Uninco	al Partnership I Liability Partnership I Partnership Iss Trust ration I Liability Company ory Trust I Cooperative Association orporated Non-profit Association	<del></del>	ability Partnership artnership Trust on ability Company
201 S Lincoln Blvd	Hodgenville	KY	42748
Street Address or Post Office Box	Numbers Cit	y State	Zip
I declare under penalty of perjury	under the laws of Kentucky that th	e forgoing is true and corre	ct.
MM	James A LaRı	Je Vice President	7/27/2023
Mathorized Party Signature	Printed Name	Title	Date

#### **FILING INSTRUCTIONS CERTIFICATE OF ASSUMED NAME**

#### **ASSUMED NAME**

The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an individual (sole proprietorship) to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 355. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

#### **REAL NAME**

The real name" is defined as follows:

- The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362:
- The real name of a Domestic Limited Partnership is the name stated in its Certificate of Limited Partnership filed pursuant to KRS 362;
- The real name of a Domestic Business Trust or Statutory Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Domestic Limited cooperative association is the name set forth in its articles of association;
- The real name of a Domestic Unincorporated nonprofit association that has filed a certificate of association is the name set forth in the certificate of association and, if no certificate of association has been filed, the name under which the unincorporated nonprofit association generally acts.
- The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name stated in its statement of foreign qualification filed pursuant to KRS 362.1
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state under KRS 271B.15-060;
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.
- The real name of a Foreign Limited cooperative association is the name set forth in its articles of association or the fictitious name adopted for use In this Commonwealth under KRS 14A.3-010 to 14A.3-050 or predecessor law;
- The real name of a foreign Unincorporated nonprofit association is the name recognized by the laws of the jurisdiction under which it is organized as being the real name.

## **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the mailing office address. If the applicant wishes for the document to be sent to an alternate address other than the mailing office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

# **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### WHO MAY SIGN

The document must be signed by:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- · a general partner of a Domestic or Foreign Limited Partnership;
- · the trustees of a Domestic or Foreign Business Trust;
- . any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic of Foreign Limited Liability Company.

#### DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the mailing office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

### **NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filling for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

The filing fee for this document is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS** 

Michael Adams Office of the Secretary of State PO Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

#### **CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.