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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 6/22/2022 1:39 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)

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: _____

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Baldwin Krystyn Sherman Partners, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

Street Address or Post Office Box Numbers	City	State	Zip					
4211 W BOY SCOUT BLVD, SUITE 800	Гатра	FL	33607					
5. The mailing address is:								
4. The business is organized and existing in the state or country of Florida								
a Domestic Unincorporated Non-profit Associationa Foreign Unincorporated Non-profit Association								
a Domestic Unincorporated Non-profit Associ		•						
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association						
a Domestic Statutory Trust	a F	a Foreign Statutory Trust						
a Domestic Limited Liability Company	 a F	_ 🔽 a Foreign Limited Liability Company						
a Domestic Corporation	_ a F	a Foreign Corporation						
a Domestic Business Trust	_ a F	a Foreign Business Trust						
a Domestic Limited Partnership	_ a F	a Foreign Limited Partnership						
a Domestic Limited Liability Partnership	a F	a Foreign Limited Liability Partnership						
a Domestic General Partnership	_ a F	oreign General Partne	rship					

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

Authorized Party Signature	Printed Name	Title Date	
Law Uller	Lauren Underwood	Special Manager 06/22/202	22