

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

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/15/2025 12:11 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 Nam (Domestic or Foreign Business E		
following statement:  1. The assumed name is:  Atel	y (and in the case of general partnersl		·
Name must be identical to the name  3. The "real name" is (you must che a Domestic Genera a Domestic Limited a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Limited a Domestic Statutor a Domestic Limited	e on record with the Secretary of State.)  ck one): I Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association porated Non-profit Association	a Foreign General Part a Foreign Limited Liabi a Foreign Business Tru a Foreign Corporation a Foreign Limited Liabi a Foreign Statutory Tru a Foreign Limited Coop a Foreign Unincorporation	ility Partnership nership ust ility Company ust
4. The business is organized and	existing in the state or country of Ar	kansas	
5. The mailing address is:			
347 Riverside Avenue	Jacksonville	Florida	32202
Street Address or Post Office Box No.  I declare under penalty of perjury to DocuSigned by:	under the laws of Kentucky that the for	-	

**Printed Name** 

Title

Date

Authorized Party Signature