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ASN

Alison Lundergan Grimes
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

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

- The assumed name is: Surface King
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: BMN Enterprises LLC

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

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

- | | |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of KENTUCKY

6. The mailing address is:

| | | |
|---|-----------------------|--------------|
| <u>820 CHERYL ANN COURT</u> | <u>WORTHINGTON KY</u> | <u>41183</u> |
| Street Address or Post Office Box Numbers | City | State |
| | | Zip |

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

| | | | |
|----------------------------|-------------------------|------------------|-----------------|
| | <u>William W. Adams</u> | <u>President</u> | <u>04-26-16</u> |
| Authorized Party Signature | Printed Name | Title | Date |