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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/21/2023 12:10 PM

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STA Fee Receipt: \$20.00

Division of Business Filings

Cartificate of Assumed Name

NON

Business Filings PO Box 718 Frankfort, KY 40602	(Domestic or Foreign Business Entity)			AON	
(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KR following statement:			me a name and, for t	hat purpose, submits the	
1. The assumed name is: Re	oublic Bar	nk Finance			
2. The name of the business ent name: Republic Bank & ⁻	• •		hip, the partners) tha	t is/are adopting the assumed	
Name must be identical to the name o				· · · · · · · · · · · · · · · · · · ·	
3. The "real name" is (you must cl	neck one):				
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		
a Domestic Limited Part	a	a Foreign Limited Partnership			
a Domestic Business Tr	a	a Foreign Business Trust			
a Domestic Corporation			a Foreign Corporation		
a Domestic Limited Liability Company			a Foreign Limited Liability Company		
This application will be effection the delayed effective cannot be				me is	
5. The business is organized an	d existing in the	state or country ofk	Centucky	(Delayed effective date and/or time)	
6. The mailing address is:					
601 West Market	Street	Louisville	e KY	40202	
Street Address or Post Office Box Nu	nbers	City	State	Zip	
I declare under penalty of perjury	Chris	sty A. Ames	Secretary	April 21, 2023	
Authorized Party Signature	Printed N	ame	Title	Date	