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ASN

## Commonwealth of Kentucky 0937524 Michael G. Adams, Secretary of St KY Secretary of State

0937524 Michael G. Adams KY Secretary of State Received and Filed 5/4/2022 12:57:17 PM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Certificate of Assumed Name

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

# LIQUOR MART

2. The name of the business entity that is adopting the assumed name is:

## **HVS BEVERAGE** Inc.

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 1019 Sylvia Dr, Richmond KY 40475 USA

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

### HITESH VADADORIYA PRESIDENT