

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

37708538

0862625  
Michael G. Adams  
KY Secretary of State  
Received and Filed

**2/6/2024 10:09:45 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**

**ASN**

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:

**KULIMA CARE FAMILY SERVICES**

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

**Fuego Corporation**

3. This application will be effective upon filing.

4. The mailing address is:

**851 Milton Street, Louisville KY 40217**

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

**Antonio Thomas**  
**Executive Director**

2/6/2024