



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams  
Kentucky Secretary of State  
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3/26/2025 1:18 PM  
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Division of Business Filings  
Business Filings  
P.O. 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:

1. The assumed name is: **DE LEON CAR SALES**

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

**DE LEON CAR SALES 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             |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

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

5. The mailing address is:

**3106 DIXIE HWY** **LOUISVILLE** **KY** **40216**

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.

DANIEL DE LEON MIRANDA

**MEMBER 3/26/25**

Authorized Party Signature

Printed Name

Title

Date