

0996631.09

Fee Receipt: \$20.00

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/23/2023 2:39 PM

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Division of Business Filings ASN Certificate of Assumed Name Business Filings** (Domestic or Foreign Business Entity) P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov 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: Brosnan Security 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: BROSNAN RISK CONSULTANTS, LTD Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check one): \_\_\_a Foreign General Partnership a Domestic General Partnership \_\_a Foreign Limited Liability Partnership a Domestic Limited Liability Partnership \_\_a Foreign Limited Partnership \_a Domestic Limited Partnership a Foreign Business Trust a Domestic Business Trust \_a Domestic Corporation a Foreign Corporation a Foreign Limited Liability Company a Domestic Limited Liability Company a Domestic Statutory Trust a Foreign Statutory Trust \_\_a Domestic Limited Cooperative Association \_\_\_a Foreign Limited Cooperative Association a Domestic Unincorporated Non-profit Association \_\_i\_a Foreign Unincorporated Non-profit Association 4. The business is organized and existing in the state or country of  $\underline{\ \ }^{\ \ New\ York}$ 5. The mailing address is: One Blue Hill Plaza, Suite 1538 Pearl River NY 10965 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. Printed Name Title Authorized Party Signature