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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 11:33 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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 following statement: 1. The assumed name is: 2. The name of the business enti	nily Dream Home	es		
name: Palm Harbor Villages, Inc.				
Name must be identical to the nam	e on record with the Secretary o	of State.)		
3. The "real name" is (you must check one): a Domestic General Partnership a Domestic Limited Liability Partnership a Domestic Business Trust a Domestic Corporation a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association		a Foreign Limited L a Foreign Limited P a Foreign Business I a Foreign Corporati a Foreign Limited L a Foreign Statutory a Foreign Limited C a Foreign Unincorp	a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust ✓ a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association	
4. The business is organized and	existing in the state or country	, _{of} Delaware		
5. The mailing address is:				
4965 Preston Park Blvd., #3	800 Plano	TX	75093	
Street Address or Post Office Box	Numbers	City State	e Zip	
I declare under penalty of perjury		at the forgoing is true and correlate Senior VI		