

**COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE 1126939.06

glowe ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/19/2022 10:01 AM Fee Receipt: \$20.00

**Division of Business Filings** Ρ F

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 502) 564-3490 vww.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)				5N
Pursuant to the provisions of KRS ollowing statement: . The assumed name is:	_	d applies to assume	a name and, for that pur	pose, submits the	
2. The name of the business enti		general partnership	, the partners) that is/are	adopting the assum	ed
name:					
Armfield, Harrison & Th					
lame must be identical to the nam	e on record with the S	ecretary of State.)			
B. The "real name" is (you must ch	•				
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		
a Domestic Limited	•	a Foreign Limited Partnership			
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation			a Foreign Corporation		
a Domestic Limited Liability Company  a Pomestic Statutory Trust					
a Domestic Statutory Trusta Foreign Statutory Trusta Foreign Limited Cooperative Association					
a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association					tion
a Domestie Omito	porated Non pront 76		a i oreign omnoorporatee	Treor pront 7.0000iai	
I. The business is organized and	existing in the state of	or country of Flori	da		
5. The mailing address is:	J	,			
The maining address is:					
4211 W BOY SCOUT BLVI	D, SUITE 800	Tampa	FL	33607	
Street Address or Post Office Box	Numbers	City	State	Zip	<u> </u>
declare under penalty of perjury	under the laws of Ker	tucky that the forgo	ing is true and correct.		
Lowelle	Lauran III. I		No estal Manage C	0/40/0000	

uthorized Party Signature	Printed Name	Title	Date	
Law Ulle	Lauren Underwood	Special Manager	08/18/2022	