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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/19/2024 2:21 PM Fee Receipt: \$15.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings |
|-------------------------------------|
| P.O. Box 718 |
| Frankfort, KY 40602 |
| (502) 564-3490 |
| www.sos.ky.gov |

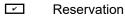
Reservation or Renewal of Reserved Name (Domestic or Foreign Entity)

RES

mmoore ADD

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386, the undersigned applies to reserve or renew a name and, for that purpose, submits the following statement:

1. The activity request is:



2. The proposed name to be reserved or renewed with the Secretary of State for a period of 120 days is SHANTY G LLC.

3. The name

| Street Address or Post Office Box Number | City | State | Zip | | | | | |
|--|--|-----------|-------|--|--|--|--|--|
| ignabel Gonzalez, 147 Towson way B | · · · · · · · · · · · · · · · · · | <u>KY</u> | 40324 | | | | | |
| 4. The name and mailing address of the applica | int is: | | | | | | | |
| C Other | | | | | | | | |
| A statutory trust | | | | | | | | |
| A limited cooperative asso | ciation | | | | | | | |
| 🔲 A business trust name (KR | RS 386) | | | | | | | |
| ☐ A limited liability partnersh | A limited liability partnership name (KRS 362) | | | | | | | |
| A limited partnership name | ☐ A limited partnership name (KRS 362) | | | | | | | |
| A limited liability company | name (KRS 275) | | | | | | | |
| A corporate name (KRS 27 | 71B, KRS 273 or KRS 274) | | | | | | | |
| 3. The name is reserved as: | | | | | | | | |

5. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.



FILING INSTRUCTIONS RESERVATION OR RENEWAL OF RESERVED NAME

NAME

The name must be available according to the records with the Office of the Secretary of State. In order to confirm if a name is available, visit the organizational search tool at www.sos.ky.gov. A name may be renewed thirty days prior to the expiration.

WHO MAY SIGN

The document must be signed by the applicant.

APPLICANT ADDRESS

The applicant address is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where all correspondence from the Office of the Secretary of State will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the applicant address. If the applicant wishes for the document to be sent to an alternate address other than the applicant address, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS Michael Adams Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.