## Commonwealth of Kentucky Michael G. Adams, Secretary of State

0729549.06 Michael G. Adams Secretary of State Received and Filed 12/3/2024 9:40:28 AM

Fee receipt: \$20

C226

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Assumed Name**

**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:

## BEAUTY PERSONIFIED CUSTOM WIGS AND HAIR LOSS

2. The name of the business entity that is adopting the assumed name:

## **BEAUTY PERSONIFIED LLC**

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

**4723 S 2ND ST, LOUISVILLE KY 40214** 

This filing will be effective on Tuesday, December 3, 2024.

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

Signature of individual signing on behalf of **Managing Member**: **Quintina Love** 

12/3/2024 9:40:28 AM