

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 1030949.06

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ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/10/2025 2:42 PM Fee Receipt: \$20.00

Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Busines			,	ASN
Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the					
following statement: Ridgelii	ne Recruiting				
The assumed name is:			The second of th		<u> </u>
2. The name of the business entit	ty (and in the case of general partn	ershi	p, the partners) that is/	are adopting the assu	med
name:					
Intelligent Management Solutions Ll					
Name must be identical to the name	e on record with the Secretary of Sta	ite.)			
3. The "real name" is (you must che	eck one):				
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		
a Domestic Limited Partnership			a Foreign Limited Partnership		
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation			a Foreign Corporation		
a Domestic Limited Liability Company			a Foreign 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			a Foreign Unincorporated Non-profit Association		
4. The business is organized and	existing in the state or country of $\underline{}$	Florida	a		
5. The mailing address is:					
4400 BAYOU BLVD, STE 4	PENSACOLA		FL	32503	
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.					
May Elle Kuto	Mary Ellen Kutos Printed Name		Sr. Mgr. of Tax, Complia	n ■ Date	
Authorize & Party Signature	Printed Name		riue	Date	

Division of Business Filings