

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Bee Hive Homes of Smyrna Assisted Living

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

FLIP FLOP II - AL OPERATIONS, LLC

3. This application will become effective on Friday, June 01, 2018

4. The mailing address is:

11106 Decimal Dr, Louisville KY 40299

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Charlton Hundley, Authorized Rep 5/30/2018