

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

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Michael G. Adams **Kentucky Secretary of State** 

Received and Filed: 12/15/2022 1:36 PM Fee Receipt: \$20.00

Date

Division of Business Filings	0 1:5 1 5 5		Fee Receipt: \$20.00	
Business Filings Certificate of Assumed Na		Name	Γ CC ((CCC)ρί. ψ20.00	
P.O. Box 718, Frankfort, KY 40602	(Domestic or Foreign Busin	ness Entity)		
(502) 564-3490				
www.sos.ky.gov				
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Pursuant to the provisions of KRS following statement:	365.015, the undersigned appl	ies to assume a name and, fo	r that purpose, submits the	
1. The assumed name is: Jason	Mitchell Group			
2. The real name of the business assumed name:		al partnership, the partners) th	at is/are adopting the	
Jason Mitchell Real Estate	Centucky LLC	s		
Name must be identical to the real r		y of State.)		
3. The entity type is (you must check				
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	
		a i oreign onlineorpor	ated Non-profit Association	
4. The entity is organized and existing in the state or country of Kentucky				
5. The mailing address is:				
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3080 N Civic Center Plaza, S	24- 400			
Street Address or Post Office Box No	-		85251	
office Address of Fost Office Box Ni	umbers	ity State	Zip	
Lelanian				
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
DocuSigned by:				
Jason Mitchell	Jason Mitchell	Authorized Rep	12/8/2022	
Authorized Party Signature	Printed Name	Title	Deta	

**Printed Name** 

Title