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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/19/2024 10:10 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings ASN **Certificate of Assumed Name Business Filings** (Domestic or Foreign Business Entity) P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement: Med and Me Insurance Agency 1. The assumed name is: 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Med and Me Tristate, LLC Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check 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 Foreign Business Trust a Domestic 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 Foreign Limited Cooperative Association a Domestic 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 5. The mailing address is: KY 1510 Taramore Drive Florence 41042 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. **Authorized Party Signature**