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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/1/2024 10:50 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN		
Pursuant to the provisions of KRS following statement: Stanley	365, the undersigned applies to	assume a name and, for that	purpose, submits the
 The assumed name is: The name of the business entit 	v (and in the case of garage) and		
name:	y (and in the case of general pa	rtnership, the partners) that is/a	are adopting the assumed
McGriff Insurance Services, LLC			
Name must be identical to the name	on record with the Secretary of	State.)	
	Partnership Liability Partnership Partnership s Trust tion Liability Company y Trust Cooperative Association porated Non-profit Association	North Carolina	ility Partnership nership ust ility Company ust
3201 Beechleaf Court Suite	200 Raleigh	NC	27604
Street Address or Post Office Box N	umbers C	ity State	Zip
I declare under penalty of perjury u	nder the laws of Kentucky that t	ne forgoing is true and correct.	
Canny Couries	Tammy J. Stringer	Secretary	3/4/24
Authorized Party Signature / /	Printed Name	Title	(Date)