Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Assumed Name

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

1. The assumed name is:

MAXIMUM VENDING

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

Fapaxem LLC

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

1146 Camin Ln, Walton KY 41094

This filing will be effective on Wednesday, February 5, 2025.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Owner: Maggie Ferrara**

2/5/2025 5:30:10 PM

C226

Michael G. Adams Secretary of State Received and Filed 2/5/2025 5:30:10 PM Fee receipt: \$20

ASN

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