

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

**Certificate of Assumed Name** 

1364665.06

mmoore ASN

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

Received and Filed: 5/15/2024 2:21 PM Fee Receipt: \$20.00

Date

Title

Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign B	Business Entity)	_	
Pursuant to the provisions of KRS following statement:	365, the undersigned appl	ies to assume a name a	nd, for that pur	pose, submits the
1. The assumed name is: Enjoy H	Iemp			
2. The name of the business enti	ty (and in the case of gener	ral partnership, the partne	ers) that is/are	adopting the assumed
name:				
Enjoy Wellness LLC	de ith the Courate	ary of State \		
Name must be identical to the nam  3. The "real name" is (you must ch		ary or state.		
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Uninco	d Liability Partnership d Partnership ess Trust ration d Liability Company ory Trust d Cooperative Association orporated Non-profit Associ	a Foreigna Foreigna Foreigna Foreigna Foreigna Foreigna Foreigna Foreigna Foreigna Foreign		y Partnership ership t ty Company
4. The business is organized and	d existing in the state or co	untry of		
5. The mailing address is:				
536 NE 8TH AVE		FORT LAUDERDALE	FL	33301
Street Address or Post Office Box	Numbers	City	State	Zip
I declare under penalty of perjury	y under the laws of Kentuck	xy that the forgoing is true	e and correct.	
Lava Korosec	KARA KOROSEC	MANAGE	R	05/07/2024

**Printed Name** 

**Authorized Party Signature** 

**Division of Business Filings** 

**Business Filings**