

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1091670.06

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 11/8/2024 2:20 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed N (Domestic or Foreign Busines		ASN
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to a	ssume a name and, for that p	ourpose, submits the
The assumed name is:Moor_	re Smiles Family & Cosmetic Den	tistry	•
2. The name of the business entit	ty (and in the case of general partn	ership, the partners) that is/a	are adopting the assumed
name:			
Moore Smiles KY LLC			
Name must be identical to the name	e on record with the Secretary of St	ate.)	
a Domestic Limiteda Domestic Businesa Domestic Corporaa Domestic Limiteda Domestic Statutoa Domestic Limiteda Domestic Limiteda Domestic Unincome	al Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association	a Foreign General Paraa Foreign Limited Liaba Foreign Limited Paraa Foreign Business Tra Foreign Corporationa Foreign Limited Liaba Foreign Statutory Tra Foreign Limited Cooa Foreign Unincorpora	collity Partnership contraction contractio
5300 Maryland Way, Suite 202	Brentwoo	d TN	37027
Street Address or Post Office Box	Numbers Cit	y State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the	Chief Executive Officer	October 10, 2024
Authorized Party Signature	Printed Name	Title	Date