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Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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

1. The assumed name is: Automotive Training Academy.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Assurant Dealer Services, Inc.
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 Domestic Limited Liability Partnership
- [ ] a Domestic Limited Partnership
- [ ] a Domestic Business Trust
- [ ] a Domestic Corporation
- [ ] a Domestic Limited Liability Company
- [ ] a Domestic Statutory Trust
- [ ] a Domestic Limited Cooperative Association
- [ ] a Domestic Unincorporated Non-profit Association
- [ ] a Foreign General Partnership
- [ ] a Foreign Limited Liability Partnership
- [ ] a Foreign Limited Partnership
- [ ] a Foreign Business Trust
- [x] a Foreign Corporation
- [ ] a Foreign Limited Liability Company
- [ ] a Foreign Statutory Trust
- [ ] a Foreign Limited Cooperative Association
- [ ] a Foreign Unincorporated Non-profit Association

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is_____.

5. The business is organized and existing in the state or country of Illinois.

6. The mailing address is:

11222 Quail Roost Drive	Miami	FL	33157
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.

	Jeannie Amy Aragon-Cruz	Secretary	03/30/2023
Authorized Party Signature	**Printed Name**	**Title**	**Date**

(1/20)