

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1345380.09
Michael G. Adams
Secretary of State
Received and Filed
7/31/2024 3:02:17 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

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:

TOWNSCAPE PLANNING & DESIGN

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

TOWNSCAPE ARCHITECTS INC.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

4057 MOONCOIN WAY APT 15108, LEXINGTON KY 40515

This application will be effective on **Wednesday, July 31, 2024.**

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 **President: Michael Huston**

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