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Michael G. AdamsKentucky Secretary of StateReceived and Filed:10/29/2024 1:29 PMFee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

<b>Division of Business Filings</b> <b>Business Filings</b> P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Certificate of Assumed Name</b> <b>(Domestic or Foreign Business Entity)</b> <b>ASN</b>
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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: Armored Faith Insurance.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
Mask Consulting, LLC

**Name must be identical to the name on record with the Secretary of State.)**

3. The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input type="checkbox"/> a Foreign Corporation
<input checked="" type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company
<input type="checkbox"/> a Domestic Statutory Trust	<input type="checkbox"/> a Foreign Statutory Trust
<input type="checkbox"/> a Domestic Limited Cooperative Association	<input type="checkbox"/> a Foreign Limited Cooperative Association
<input type="checkbox"/> a Domestic Unincorporated Non-profit Association	<input type="checkbox"/> a Foreign Unincorporated Non-profit Association

4. The business is organized and existing in the state or country of Kentucky.

5. The mailing address is:

255 Overlook Lane	Smiths Grove	KY	42171
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.

<u>/s/ Heather Coleman Brooks</u>	Heather Coleman Brooks	Authorized Representative	10/18/2024
Authorized Party Signature	Printed Name	Title	Date