## Commonwealth of Kentucky Michael G. Adams, Secretary of State

C226
1364382.06
Michael G. Adams
Secretary of State
Received and Filed
5/24/2024 9:53:04 AM
Fee receipt: \$20

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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:

## TRANQUILITY RECOVERY CENTER

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

## **BREAKTHROUGH RECOVERY LLC**

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

1831 Williamson Ct, Louisville KY 40223

This application will be effective on Friday, May 24, 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 COO: Patrick Dunn 5/24/2024 9:53:04 AM