# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. Ky Secretary of State

1351083 Michael G. Adams Received and Filed

4/18/2024 11:25:01 AM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# **Certificate of Assumed Name**

ASN

12744813

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## **GAMEDAY MENS HEALTH FORT MITCHELL**

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

### **GAC LIFESTYLE LLC**

- This application will be effective upon filing. 3.
- The mailing address is: 4.

### 2670 CHANCELLOR DR, CRESTVIEW HILLS KY 41017

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> **Matthew Stevens** Attorney-In-Fact 4/18/2024