



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
3/27/2025 12:08 PM  
Fee Receipt: \$20.00

Division of Business Filings  
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: Acclarity
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Grandin Solutions, 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 type="checkbox"/> a Domestic Limited Liability Company             | <input checked="" 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 Ohio
5. The mailing address is:

800 Corporate Drive, Suite 320

Ft. Lauderdale

FL

33334

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.

Joe Walter

Vice President

3/14/25

Authorized Party Signature

Printed Name

Title

Date



**CERTIFICATION OF ASSUMED BUSINESS NAME  
(ALL ENTITIES)**

State Form 30353 (R19 / 05-24)  
Approved by State Board of Accounts, 2017


Indiana Code 23-0.5-3-4  
23-0.5-9-40

For-Profit Corporations,  
Limited Liability Companies,  
Limited Partnerships,  
Limited Liability Partnerships:

FILING FEE: \$30.00 per name

Nonprofit Corporations:

FILING FEE: \$26.00 per name

1. Name of entity			
Grandin Solutions, LLC			
2. Date of formation / registration (month, day, year)			
04/24/2023			
3. Address at which the entity will do business under the assumed name (number and street)		City	State
800 Corporate Drive, Suite 320		Ft. Lauderdale	FL
		ZIP code	33334
4. Assumed business name			
Acclarity			
5. Address of principal office (number and street)		City	State
800 Corporate Drive, Suite 320		Ft. Lauderdale	FL
		ZIP code	33334
6. Signature		Date of signature (month, day, year)	
		3/14/25	
7. Printed name and title			
Joe Walter, Vice President			

This instrument was prepared by:
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