# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0856386 Alison Lundergan Grimes KY Secretary of State

Fee receipt: \$20.00

Received and Filed 9/5/2019 11:44:07 AM

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## **Certificate of Assumed Name**

**ASN** 

8863029

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

#### Sazon Steakhouse

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

### SAZON MEXICAN RESTAURANT, INC.

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

#### 309 Cumberland Ave, Barbourville KY 40906

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

**Pedro Roman**