

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0923687.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/18/2024 1:55 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 N (Domestic or Foreign Busines		ASN
following statement:	5 365, the undersigned applies to a	assume a name and, for that p	ourpose, submits the
The assumed name is:			
2. The name of the business enti	ty (and in the case of general part	nership, the partners) that is/a	re adopting the assumed
name: Revelation Counseling Cen	ter LLC		
9	e on record with the Secretary of S	tate.)	
a Domestic Limited a Domestic Busines a Domestic Corpora Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Uninco	al Partnership I Liability Partnership I Partnership ss Trust ation I Liability Company	Kentucky	ility Partnership nership ust ility Company ust
4333 S. Brook Street	Louisville	Kentucky	40214
Street Address or Post Office Box  I declare under penalty of perjury	Numbers Ci under the laws of Kentucky that the LaShonda Fletcher		Zip 9/18/2024
Arthorized Party Signature	Printed Name	Title	Date