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

1161390.06 Michael G. Adams Secretary of State Received and Filed

7/16/2024 1:52:44 AM Fee receipt: \$20

Certificate of Assumed Name

**ASN** 

C226

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:

Michael G. Adams

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **OMAKASE**

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

## 88 KY OMAKASE LLC

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

## 1728 SANDHURST COVE, LEXINGTON KY 40509

This application will be effective on Tuesday, July 16, 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 **Owner: Guang** 7/16/2024 1:52:44 AM