

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings ASN Certificate of Assumed Name **Business Filings** (Domestic or Foreign Business Entity) PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov 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: Martini 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed JAD Restaurants LLC Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check one): ___a Foreign General Partnership a Domestic General Partnership a Foreign Limited Liability Partnership a Domestic Limited Liability Partnership a Foreign Limited Partnership a Domestic Limited Partnership a Foreign Business Trust a Domestic Business Trust a Domestic Corporation a Foreign Corporation a Foreign Limited Liability Company a Domestic Limited Liability Company 4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is 01/14/2013

Louisville

Manager

Title

5. The business is organized and existing in the state or country of Kentucky

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Printed Name

James A. Davis

(Delayed effective date and/or time)

40220

01/14/2013

6. The mailing address is:

Authorized Party Signature

2811 Milburn Avenue
Street Address or Post Office Box Numbers