1161296.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/10/2024 9:47 AM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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 following statement: 1. The assumed name is: 2. The name of the business ent name: EMO YA	EMMK, INC.	rtnership, the partners) that is/a	are adopting the assumed
	ne on record with the Secretary of		
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Uninco	al Partnership I Liability Partnership I Partnership Iss Trust Pation I Liability Company Ory Trust I Cooperative Association Orporated Non-profit Association		cility Partnership tnership rust n cility Company rust operative Association ated Non-profit Association
5. The mailing address is:			
337 BRIGHTON AVE	BOWLING	G GREEN KY	42101
Street Address or Post Office Box	Numbers	City State	Zip
I declare under penalty of perjury	under the laws of Kentucky that		t. 5/9/24
Authorized Party Signature	Printed Name	Title	Date