# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0710899 Michael G. Adams Received and Filed

10/19/2023 3:32:11 PM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Assumed Name**

ASN

37579852

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

#### **GULFEAGLE SUPPLY**

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

## **GULFSIDE SUPPLY, INC.**

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

#### **2900 E. 7TH AVENUE, TAMPA FL 33605**

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

> **Debra Farr Human Resources Mgr** 10/19/2023