Division of Business Filings



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Assumed Name

1321799.06

mmoore ASN

ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/1/2023 9:34 AM Fee Receipt: \$20.00

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Business Entity)			
following statement:	365, the undersigned applies to ass		at purpose, submits the	
1. The assumed name is:	TRANCIS ALARI	IVILIVIO	,	
2. The name of the business entit	y (and in the case of general partner	ship, the partners) that i	s/are adopting the assumed	
name:				
ST	. FRANCIS APARTMENT CO	MPLEX LLC		
Name must be identical to the name	e on record with the Secretary of State	e.)		
3. The "real name" is (you must che	eck one):			
a Domestic Genera	l Partnership	rtnershipa Foreign General Partnership		
a Domestic Limited	a Domestic Limited Liability Partnershipa		a Foreign Limited Liability Partnership	
a Domestic Limited	Partnershipa Foreign Limited Partnership			
a Domestic Business Trust a Foreign Business Trust			Trust	
a Domestic Corpora	a Domestic Corporation a Foreign Corporation			
a Domestic Limited Liability Company a Foreign Limited Liability Company			iability Company	
a Domestic Statutory Trust a Foreign Statutory Trust			Trust	
a Domestic Limited Cooperative Association a Foreign Limited Cooperative Association				
	prated Non-profit Association a Foreign Unincorporated Non-profit Association			
4. The business is organized and		KENTUCKY	·	
5. The mailing address is:				
100 St. Francis Court #1	Louisville	KY	40202	
Street Address or Post Office Box I	Numbers City	State Zip		
I declare under penalty of perjury	under the laws of Kentucky that the f	orgoing is true and corre	ect.	
DocuSigned by:	Stove Bronner	Drooidont	11/20/2002	
Steve Bronner	Steve Bronner	President	11/30/2023	
Authorized Party Signature	Printed Name	Title	Date	