Michael G. Adams Secretary of State P. O. Box 718

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

Fee receipt: \$20.00
Certificate of Assumed Name $\quad$ ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## Adelaide Apothecary LLC

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

## Adelaide 1836 LLC

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

## 3301 Benson Dr Ste 401, Raleigh NC 27609

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

Hannah Davis

