



# State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

X001811385

Date Filed: 8/14/2024

Expiration Date: 8/14/2029

John R. Ashcroft

Missouri Secretary of State

## Registration of Fictitious Name

(Submit with filing fee of \$7.00)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal ☐ Amendment ☐ Correction

Charter number

Charter number

Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: THE LOVELY BLADE

Business Address: 840 NW Blue Pkwy Ste D

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Lees Summit, MO 64086-5888

### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Fodrie, Rosamarie Francisca		836 NE Independence Ct	Lees Summit, MO	64063 - 2567	100.00

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

Rosamarie Francisca Fodrie

Owner's Signature or Authorized Signature of Business Entity

ROSAMARIE FRANCISCA FODRIE

Printed Name

08/14/2024

Date

Name and address to return filed document:

Name: Rosamarie Francisca Fodrie

Address: Email: Thelovelyblade@gmail.com

City, State, and Zip Code: