

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:

The undersigned is doing business under the following name and at the following address: Business Address: 840 NW Blue Pkwy Ste D 170 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: Charter # Name of Owners, Individual or Business Business Business Entity Entity Street and Number City and State 2ip Code 64063 - Francisca 836 NE Independence Ct Lees Summit, MO 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 of Business Entity Primed Name Name: Rosamarie Francisca Fodrie Owner's Signature of Authorized Signature of Business Entity Primed Name Name: Rosamarie Francisca Fodrie Address: Rosamarie Francisca Fodrie Address: Rosamarie Francisca Fodrie City, State, and Zip Code:	×	New Registration	☐ Renewal	□ An	nendment		Г	☐ Correction		
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: Charter # Name of Owners, Individual or Business Entity Street and Number City and State Zip Code 64063 - 100 000 Fodrie, Rosamarie Francisca 836 NE Independence Ct Lees Summit, MO 2567 100 000 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 ROSAMARIE FRANCISCA FODRIE 08/14/2024 Owner's Signature of Business Entity Primed Name Date Name: Rosamarie Francisca Fodrie Address: Email: Thelovelyblade@gmail.com		registration			_	Charter numbe		_ correction	Charter number	
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: Charter # Name of Owners, Required If Individual or Business Busin		_	_	_	nd at the fo	llowing add	ress:			
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Name and address to return filed document: Name: Rosamarie Francisca Fodrie Address: Email: Thelovelyblade@gmail.com	Rosa	marie Francisca	Fodrie	ROSA	ROSAMARIE FRANCISCA FODRIE			08/14/2024		
Name: Rosamarie Francisca Fodrie Address: Email: Thelovelyblade@gmail.com	Owner's Signature or Authorized Signature of Business Entity			Entity Printed	Printed Name			Date		
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