



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

**1246801.09**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
12/12/2022 3:55 PM  
Fee Receipt: \$90.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386) ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362) ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS) ☐ unincorporated association

2. The name of the entity is Johnson & Johnson Consumer Inc.  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): JNTL Consumer Health (NA) Inc.  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Nevada

5. The date of organization is 06/01/2022 and the period of duration is perpetual  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
199 Grandview Road Skillman NJ 08558  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 West Main Street, Suite 512 Frankfort KY 40601  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Michelle Goodridge	199 Grandview Road	Skillman	NJ	08558
Christopher Andrew	199 Grandview Road	Skillman	NJ	08558
Laura H. McFalls	199 Grandview Road	Skillman	NJ	08558

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.

Please indicate the Kentucky county in which your business operates:

County: Campbell

*To complete the following, please shade the box completely.*

Please indicate the size of your business:

☐ Small (Fewer than 50 employees)  
☒ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture ☐ Mining ☐ Services ☐ Construction  
☐ Wholesale Trade ☒ Retail Trade ☒ Manufacturing ☐ Finance, Insurance, Real Estate  
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services  
☒ Other

Signature of Authorized Representative

C T Corporation System

Type/Print Name of Registered Agent

By: Stephanie Hencz

Signature of Registered Agent

Laura H. McFalls, Assistant Secretary

Printed Name & Title

December 5, 2022

Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

Stephanie Hencz  
C T Corporation System

Assistant Secretary

12/6/22

Printed Name

Title

Date

**Additional Corporation's Officers:**

Stephen Delsordo	Assistant Secretary	199 Grandview Road, Skillman, NJ 08558
Pierre Joseph	Assistant Secretary	199 Grandview Road, Skillman, NJ 08558
Robert McKeehan	Assistant Secretary	199 Grandview Road, Skillman, NJ 08558