Commonwealth of Kentucky Michael G. Adams, Secretary of St

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Michael G. /.......
KY Secretary of State
Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

RCA

Pursuant to the provisions of KRS 14A.9 - 030 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 business entity is a limited liability company.
- 2. The name of the entity is: KDE EQUINE, LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Texas.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

PO BOX 200397 ARLINGTON, TX 76006

Registered Agent Name/Address

PAUL JOHNSTON 250 WEST MAIN STREET SUITE 2900 LEXINGTON, KY 40507

- 6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Steve Asmussen on 10/26/2022
- 7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. PAUL JOHNSTON on 10/26/2022