

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1284917.09

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Michael G. Adams Kentucky Secretary of State Received and Filed:

5/31/2023 2:39 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ificate of Authority ign Business Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to transact bus	iness in Kentucky or	behalf of the entity named below	
1. The entity is a: X profit corpor	ration	nonprofit corporation		professional limited liability company	
business tru	ust	limited liability company		statutory trust	
limited partr	limited partnership		perative association public benefit corporation		
non-profit lie	non-profit llc pro		other		
2. The name of the entity is Tris Phar	ma Inc				
(The	name must be identical t	o the name on record with the Secreta	ary of State.)	· · · · · · · · · · · · · · · · · · ·	
3. The name of the entity to be used in	Kentucky is (if applicable):			v.	
\$4.00		(Only provide if "real name" is una	vailable for use; ot	nerwise, leave blank.)	
4. The state or country under whose la	w the entity is organized is	New Jersey		-	
 The date of organization is <u>03/15/2</u> 	001	and the period of duration is	s		
6. The mailing address of the entity's p	oringinal office is	(II	f left blank, duration	is considered perpetual.)	
2033 Route 130 S	officipal office is	Monmouth Junction	NJ	08852	
Street Address		City	State	Zip Code	
7. The street address of the entity's re-	nistered office in Kentucky i	0			
306 W. Main Street, Suite 512	gistered office in Rentucky i	Frankfort	KY	40601	
Street Address (No P.O. Box Numbe	rs)	City	State		
and the name of the registered agent a	t that office is CT Como	ration System			
8. The names and business addresses	s of the entity's representati	ves (secretary, officers and directors, ma	anagers, trustees or	general partners):	
Ketan Mehta	2033 Route 130 S	Monmouth Junction	NJ	08852	
Name	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
Name	offeet of P.O. Box	City	State	ZIP COUR	
Name	Street or P.O. Box	City	State	Zip Code	
and treasurer are licensed in one or mo statement of purposes of the corporation	ore states or territories of the on.	ers, not less than one half (1/2) of the di a United States or District of Columbia to named entity validly exists under the law	render a profession	al service described in the	
11. If a limited partnership, it elects to b	pe a limited liability limited p	artnership. Check the box if applicable			
12. If a limited liability company, chec	ck box if manager-manage	d:			
13. This application will be effective upo	on filina				
Jana 1	Y .	Ketan Mehta- CEO	5/26	/23	
Signature of Authorized Representative		Printed Name & Title	3120	Date	
L C T Corporation System		consent to case as the resistant	rod agent on behalf	of the husiness estitu	
Type/Print Name of Registered Agent		, consent to serve as the register	eu agent on benaif c	n the business entity.	
C T Corporation System	CHUNTUR KOW	Christine Kelm Assistant Secretary	5/30/2023	3	
By:	06±3340/1920/19 COL 2004/1920/1920/1920				
Signature of Registered Agent	Printe	ed Name Title		Date	