

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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

FBE

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: **PETFACE LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **3/23/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

445 Baxter Avenue Suite 150
Louisville, KY 40204

8. Required Representatives

Member	William Greene	445 Baxter Avenue Suite 150	Louisville	KY	40204
Member	Erich Squire	445 Baxter Avenue Suite 150	Louisville	KY	40204
Member	Eric Littleton	445 Baxter Avenue Suite 150	Louisville	KY	40204

9. Registered Agent/Office

Corporate Creations Network Inc.
101 North Seventh Street
Louisville, KY 40202

I, **Danielle Gossman, Special Secretary**, consent to sign for **Corporate Creations Network Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, April 24, 2023

As the Authorized Representative, I, **Caitlin Lazarus**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Special Manager**