

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
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 entity is a **profit corporation**.

2. The name of the entity is

**TNV ANIMAL HEALTH, INC.**

3. The state or country under whose law the entity is organized is **Delaware**.

4. The date of organization is **9/12/2024** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**239 North Broadway, Lexington, KY 40507**

6. The name of the initial registered agent is

**CT Corporation System**

and the street address of the entity's initial registered office in Kentucky is

**306 West Main Street Ste 512, Frankfort, KY 40601**

7. The names and business addresses of the entity's representatives:

**Director** Christopher Gibbs 239 North Broadway, Lexington, KY 40507

8. This filing will be effective on **Monday, September 30, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Incorporator:**  
**Christopher Gibbs**

I, **Stephanie Hencz**, consent to sign for **CT Corporation System** who serves as the Registered Agent on behalf of this entity on Monday, September 30, 2024.