

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
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<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 **profit corporation**.
2. The name of the entity is: **PMI BRANDED PHARMACEUTICALS, INC.**
3. The state or country whose law the entity is organized is **Michigan**.
4. The date of organization is **8/28/2015** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, February 6, 2024

5. Principal Office

515 Eastern Avenue
Allegan, MI 49010

6. Required Representatives

Officer	Sonia Hollies	515 Eastern Avenue	Allegan	MI	49010
Officer	Kyle L. Hanson	515 Eastern Avenue	Allegan	MI	49010
Director	Eduardo Bezerra	515 Eastern Avenue	Allegan	MI	49010

7. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Ethan Scott**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, February 6, 2024

As the Authorized Representative, I, **Sonia Hollies**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Treasurer**