

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

**1275944**

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 **profit corporation**.
2. The name of the entity is: **CROWN LABORATORIES, INC.**
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 **1/9/2018** and the period of duration is **perpetual**.

**7. Principal Office**

349 Lafe Cox Dr  
Johnson City, TN 37604

**8. Required Representatives**

<b>Officer</b>	Jeff Bedard	207 Mockingbird Lane	Johnson City	TN	37604
<b>Director</b>	Jeff Bedard	207 Mockingbird Lane	Johnson City	TN	37604
<b>Director</b>	Jack Songster	207 Mockingbird Lane	Johnson City	TN	37604
<b>Director</b>	Joe Proctor	5005 Lyndon B. Johnson Freeway, Ste 370	Dallas	TX	75244
<b>Director</b>	Stephen Hallenbeck	745 Fifth Ave., Suite 1702	New York	NY	10151
<b>Director</b>	Wael Fayad	745 Fifth Ave., Suite 1702	New York	NY	10151
<b>Director</b>	William Meury	745 Fifth Ave., Suite 1702	New York	NY	10151
<b>Officer</b>	Shellie Hammock	207 Mockingbird Lane	Johnson City	TN	37604
<b>Officer</b>	Nadeem Moiz	207 Mockingbird Lane	Johnson City	TN	37604
<b>Director</b>	Adair Newhall	100 Painters Mill Rd., Suite 700	Owings Mills	MD	21117
<b>Director</b>	Dan Turner	One Ferry Building, Suite 255	San Francisco	CA	94111
<b>Director</b>	David Solomon	745 Fifth Ave., Suite 1702	New York	NY	10151

**9. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road Ste 219  
Lexington, KY 40504-3659



I, **Heather Glenn on behalf of InCorp Services, Inc.**, consent to sign for **InCorp S**  
the **Registered Agent** on behalf of this Entity.  
on Wednesday, April 19, 2023

**1275944****Michael G. Adams****KY Secretary of State**

Received and Filed

**4/19/2023 1:47:50 PM****Fee receipt: \$90.00**

As the Authorized Representative, I, **Shellie Hammock**, declare under penalty of pe  
state of Kentucky that the foregoing is true and correct. Title: **Secretary**

