

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
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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

THE NATURAL VET INC

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

4. The date of organization is **12/22/2021** 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

Danny Moore

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

239 North Broadway, Lexington, KY 40507

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

Officer Danny Moore 101 Rose Hill Lane, Unicoi, TN 37692

8. This filing will be effective on **Tuesday, August 13, 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 **CEO/President: Danny Moore**

I, **Danny Moore**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, August 13, 2024.