

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
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Frankfort, KY 40602-0718
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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 business entity is a **professional service corporation**.
2. The name of the entity is: **OAK VIEW ANIMAL HOSPITAL, P.C.**
3. The name of the entity to be used in Kentucky is (if applicable): **OAK VIEW ANIMAL HOSPITAL, P.S.C.**
4. The state or country whose law the entity is organized is **Alabama**.
5. The date of organization is **4/13/2006** and the period of duration is **perpetual**.
This Filing is Effective on Tuesday, March 12, 2024
6. As a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, And all Of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia To render a professional service described in the statement of purposes of the corporation.

7. Principal Office

2204 Lakeshore Drive
Ste 325
Birmingham, AL 35209

8. Required Representatives

Director	John H Price, III	2204 Lakeshore Dr, Ste 325	Birmingham	AL	35209
Officer	Bryan Wetta	2204 Lakeshore Dr, Ste 325	Birmingham	AL	35209

9. 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, March 12, 2024

As the Authorized Representative, I, **John H Price, III**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Director**