

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

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**Certificate of Authority**  
**Foreign Business Entity**

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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 **Veterans Medical Supply Inc.**
3. The name of the entity to be used in Kentucky is **Veterans Medical Supply Inc.**
4. The state or country under whose law the entity is organized is **Florida**.
5. The date of organization is **6/20/2022**.
6. The mailing address of the entity's principal office is **3200 Tyrone Blvd N, Saint Petersburg, FL 33710**.
7. The street address of the entity's registered office in Kentucky is **9505 Farmstead Ln, Louisville, KY 40291** and the name of the registered agent in that office is **Stuart Cohen**.
8. The names and business addresses of the entity's representatives:  
  
Michael Schwandt      3200 Tyrone Blvd N, Saint Petersburg, FL 33710  
  
Jerry Doorn      3200 Tyrone Blvd N, Saint Petersburg, FL 33710
9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:  
**Gianna H Haney**

I, **Stuart Cohen**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Stuart Cohen