



**COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE**

**1230203.09**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/7/2022 1:18 PM  
Fee Receipt: \$90.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority  
(Foreign Business Entity)**

**FBE**

Pursuant to the provisions of KRS 14A – 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:
- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation            | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust                | <input type="checkbox"/> limited liability company        | <input type="checkbox"/> statutory trust                        |
| <input type="checkbox"/> limited partnership           | <input type="checkbox"/> ltd cooperative association      | <input type="checkbox"/> other                                  |
| <input type="checkbox"/> non-profit llc                | <input type="checkbox"/> professional service corporation |   |

2. The name of the entity is CENTRAL ARKANSAS PETROLEUM TRANSPORT, INC.  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Arkansas

5. The date of organization is 06/28/1994 and the period of duration is Perpetual  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
PO Box 580 Malvern AR 72104  
**Street Address City State Zip Code**

7. The street address of the entity's registered office in Kentucky is  
828 Lane Allen Road, Suite 219 Lexington KY 40504  
**Street Address (No P.O. Box Numbers) City State Zip Code**

and the name of the registered agent at that office is Registered Agent Solutions, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Keith A Davis	2666 Oliver Lancaster Blvd.	Malvern	AR	72104
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Kimball A Davis	2666 Oliver Lancaster Blvd.	Malvern	AR	72104
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If 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.

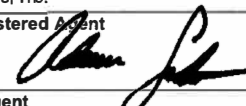
10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

 Kimball Davis, Secretary  
**Signature of Authorized Representative Printed Name & Title** 9/6/22  
**Date**

I, Registered Agent Solutions, Inc., consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**  
 Adam Saldana  
**Signature of Registered Agent Printed Name** Assistant Secretary **Title** 09/07/2022 **Date**