

**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  
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 entity is a **limited liability company**.
2. The name of the entity is  
**CUKY TRUCKING LLC**
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **7/20/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**3828 Oboe Dr, Louisville, KY 40216**
6. The name of the initial registered agent is  
**Ariel Hernandez Mas**  
and the street address of the entity's initial registered office in Kentucky is  
**3828 Oboe Dr, Louisville, KY 40216**
7. The names and business addresses of the entity's representatives:  
**Member**                      Ariel Hernandez Mas                      3828 Oboe Dr, Louisville, KY 40216
8. This entity is managed by **Members**.
9. This filing will be effective on **Friday, August 30, 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 **Owner: Ariel Hernandez Mas**

I, **Ariel Hernandez Mas**, consent to serve as the Registered Agent on behalf of this entity on Friday, August 30, 2024.