

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

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

**WLS TRUCKING LLC**

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

4. The date of organization is **8/6/2021** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

**7831 ESTRADA AVE, FORT KNOX, KY 40121**

6. The street address of the entity's registered office in Kentucky is

**7831 ESTRADA AVE, FORT KNOX, KY 40121**

and the name of the registered agent at that office is **WILLIAM SANDERS**.

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

<b>Member</b>	<b>WILLIAM SANDERS</b>	<b>7831 ESTRADA FORT KNOX</b>	<b>KY</b>	<b>40121</b>
		<b>AVE</b>		

8. This entity is managed by **Members**.

9. This application will be effective on **Friday, May 3, 2024**.

As the Authorized Representative, I, **WILLIAM SANDERS**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **MEMBER**

I, **WILLIAM SANDERS**, consent to serve as the **Registered Agent** on behalf of this limited liability company company.