

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1432822.06
Michael G. Adams
Secretary of State
Received and Filed
2/25/2025 12:00:00 AM
Fee receipt: \$90

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

Dx Pickup LLC

3. The name of the entity to be used in Kentucky is

Dx Pickup LLC

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

5. The date of organization is **4/11/2022** and the period of duration is **perpetual**.

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

1611 Woodland Rd, New Albany, IN 47150

7. The name of the initial registered agent is

George Kraft

and the street address of the entity's initial registered office in Kentucky is

4114 Saint Joseph Ave, Louisville, KY 40216

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

Registered Agent	George Kraft	4114 Saint Joseph Ave, Louisville, KY 40216
Authorized Rep	George Kraft	1611 Woodland Rd, New Albany, IN 47150
Authorized Rep	George Kraft	1611 Woodland Rd, New Albany, IN 47150

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

10. This filing will be effective on **Tuesday, February 25, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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 **Authorized Rep**:

George Kraft

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I, **George Kraft**, consent to sign for **George Kraft**
the Registered Agent on behalf of this entity on
25, 2025.

