

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1380826.06
Michael G. Adams
Secretary of State
Received and Filed
7/23/2024 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

Flores Food Truck LLC

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

Flores Food Truck and Catering LLC

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

5. The date of organization is **2/26/2018** and the period of duration is **perpetual**.

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

1659 US 9, Wappingers Falls, NY 12590

7. The name of the initial registered agent is

Austin Flores

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

3001 Chamberlain Ln, Louisville, KY 40241

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

Registered Agent	Austin Flores	3001 Chamberlain Ln, Louisville, KY 40241
Authorized Rep	Austin Flores	1659 US 9, Wappingers Falls, NY 12590
Authorized Rep	Austin Flores	1659 US 9, Wappingers Falls, NY 12590

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

10. This application will be effective on **Tuesday, July 23, 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 **Authorized Rep:**
Austin Flores

I, **Austin Flores**, consent to sign for **Austin**
the Registered Agent on behalf of this entity
2024.

1380826.06**Michael G. Adams****Secretary of State**

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