

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  
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Frankfort, KY 40602-0718  
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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  
**FUELFox LOUISVILLE, LLC**
3. The state or country under whose law the entity is organized is **Alabama**.
4. The date of organization is **4/16/2024** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is  
**2100 SouthBridge Parkway Suite 529, Birmingham, AL 35209**
6. The street address of the entity's registered office in Kentucky is  
**306 West Main Street Suite 512, Frankfort, KY 40601**  
and the name of the registered agent at that office is **CT Corporation System**.

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

<b>Member</b>	Ben Morris	2100 SouthBridge PkwY Ste 529	Birmingham	AL	35209
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8. This entity is managed by **Members**.
9. This application will be effective on **Tuesday, April 16, 2024**.

As the Authorized Representative, I, **Ben Morris**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President of Sole Member**

I, **Ben Morris**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this limited liability company company.