



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/25/2024 11:48 AM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 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:

☐ profit corporation

☐ business trust

☐ limited partnership

☐ non-profit llc

☐ nonprofit corporation

☒ limited liability company

☐ ltd cooperative association

☐ professional service corporation

☐ professional limited liability company

☐ statutory trust

☐ public benefit corporation

☐ other

2. The name of the entity is Carlile Transportation Systems, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 05/30/1980 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
1800 E 1st Ave
Street AddressAnchorageAK99501
CityStateZip Code

7. The street address of the entity's registered office in Kentucky is
421 West Main Street
Street Address (No P.O. Box Numbers)FrankfortKY40601
CityStateZip Code

and the name of the registered agent at that office is Corporation Service Company

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Krista Williams	1800 E 1st Ave	Anchorage	AK	99501
Name	Street or P.O. Box	City	State	Zip Code
Karla Korman	1800 E 1st Ave	Anchorage	AK	99501
Name	Street or P.O. Box	City	State	Zip Code
Gerald Felix	1800 E 1st Ave	Anchorage	AK	99501
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Signed by:
Karla Korman
8E95E4CAF0EA4F9...
Signature of Authorized Representative

Karla Korman,Vice Pres. & Secretary
Printed Name & Title

10/23/2024
Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Alix Anast
Signature of Registered Agent

Corporation Service Company
Printed Name

Assistant Secretary
Title

10/24/2024
Date