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**

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

## **Double Haul Delivery LLC**

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

## **Double Haul Delivery LLC**

- 4. The state or country under whose law the entity is organized is **New Mexico**.
- 5. The date of organization is 3/6/2013 and the period of duration is perpetual.
- 6. The mailing address of the entity's principal office is

# 2040 Creative Dr Ste 500, Lexington, KY 40505

7. The name of the initial registered agent is

### **Registered Agents Inc**

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

### 212 N 2nd St Ste 100, Richmond, KY 40475

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

Registered Agent	Registered Agents Inc	212 N 2nd St Ste 100, Richmond, KY 40475
Authorized Rep	Natalie Smith	7325 Ojai St Ne, Albuquerque, NM 87109

- 9. This entity is managed by **Members**.
- 10. This filing will be effective on Thursday, October 10, 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:** Natalie Smith

l, **David Roberts**, consent to sign for **Registered Agents Inc** Page 1 of 2

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