

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
4/18/2024 12:00:00 AM
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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 **professional limited liability limited company**.
 2. The name of the entity is
Millennial Transport Services, LLC
 3. The name of the entity to be used in Kentucky is
Millennial Transport Services, LLC
 4. The state or country under whose law the entity is organized is **Texas**.
 5. The date of organization is **10/10/2006** and the period of duration is **perpetual**.
 6. The mailing address of the entity's principal office is
8311 N Perimeter Rd, Indianapolis, IN 46241
 7. The street address of the entity's registered office in Kentucky is
421 W Main St, Frankfort, KY 40601
- 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:

Registered Agent	Corporation Service Company	421 W Main St	Frankfort	KY	40601
Authorized Rep	Brandie Clevenger	8311 N Perimeter Rd	Indianapolis	IN	46241
Manager	Luis Erana	8311 N Perimeter Rd	Indianapolis	IN	46241
Manager	Ramon Delgado	8311 N Perimeter Rd	Indianapolis	IN	46241
Authorized Rep	Ramon Delgado	8311 N Perimeter Rd	Indianapolis	IN	46241
Authorized Rep	Luis Erana	8311 N Perimeter Rd	Indianapolis	IN	46241

9. This entity is limited partnership that elects to be a limited liability limited partnership.
10. This entity is managed by **Managers**.

11. This application will be effective on **Thursday, April 18, 2024**.

As the Authorized Representative, I, **Ramon Delgado**, declare under penalty of perjury that the foregoing is true and correct. Title: **Authorized Representative**

I, **Laurel Bistsch**, consent to sign for **Corporation Service Company** who serve as the **Agent** on behalf of this professional limited liability limited company company.

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