

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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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 **profit corporation**.

2. The name of the entity is

**CUSTOMER SERVICE QUALITY TRANSPORTATION, INC.**

3. The state or country under whose law the entity is organized is **Arkansas**.

4. The date of organization is **6/10/2014** and the period of duration is **perpetual**.

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

**4613 GRANDVIEW DR, LOUISVILLE, KY 40216**

6. The name of the initial registered agent is

**ALICIA HODGE**

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

**4613 GRANDVIEW DR, LOUISVILLE, KY 40216**

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

<b>Director</b>	ALICIA HODGE	4613 GRANDVIEW DR, LOUISVILLE, KY 40216
<b>Secretary</b>	ALICIA HODGE	4613 GRANDVIEW DR, LOUISVILLE, KY 40216
<b>Officer</b>	KENNETH HAVENS	4613 GRANDVIEW DR, LOUISVILLE, KY 40216

8. This filing will be effective on **Wednesday, February 26, 2025**.

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 **DIRECTOR/  
PRESIDENT: ALICIA HODGE**

I, **ALICIA HODGE**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, February 26, 2025.