

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 **limited liability company**.

2. The name of the entity is

FLORES FOOD TRUCK LLC

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

4. The date of organization is **2/26/2018** and the period of duration is **perpetual**.

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

1659 Rt 9, Wappingers Falls, NY 12590

6. The name of the initial registered agent is

Flores Food Truck LLC

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

3001 Chamberlain Lane, Louisville, KY 40241

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

Member Austin Flores 1659 Rt 9, Wappingers Falls, NY 12590

8. This entity is managed by **Managers**.

9. This application will be effective on **Monday, July 22, 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 **Owner: Austin Flores**

I, **Austin Flores**, consent to sign for **Flores Food Truck LLC** who serves as the Registered Agent on behalf of this entity on Monday, July 22, 2024.