

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State

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FBE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 Certificate of Authority (Foreign Business Entity)

| (502) 564-3490 www.sos.ky.gov | | | | |
|--|--|---|--|---|
| Pursuant to the provisions of KRS 14A a on behalf of the entity named below and | | | hereby applies for authorit | y to transact business in Kentucky |
| business t | · · · · · · · · · · · · · · · · · · · | orporation (KRS 273) lity company (KRS 27 | · | ervice corporation (KRS 274). mited liability company (KRS 275). |
| | In Eagle Logistics, L.L.C. ust be identical to the name on record with | the Secretary of State |).) | . |
| 3. The name of the entity to be used in F | Kentucky is (if applicable): | if "real name" is unava | allable for use; otherwise, le | ave blank.) |
| 4. The state or country under whose law | · - · | | | |
| 5. The date of organization is _08/02/2 | | | tion is Perpetual | |
| 6. The mailing address of the entity's pri | | and the period of dura | in 1812 di | ank, the period of duration considered perpetual.) |
| 151 Southpark Road, Suite | | Lafayette | LA | 70508 |
| Street Address | | City | State | Zip Code |
| 7. The street address of the entity's regin | stered office in Kentucky is | | | |
| 400 West Market Street, Su | | Louisville | KY | 40202 |
| Street Address (No P.O. Box Numbers) | | City | State | Zip Code |
| and the name of the registered agent at t | that office is National Registere | ed Agents, Inc. | | |
| 8. The names and business addresses of | | | | general partners): |
| | 151 Southpark Road, Suite 200 | | LA | 70508 |
| | Street or P.O. Box | City | State | Zip Code |
| Harold P. Vice, Jr. | 151 Southpark Road, Suite 200 | • | LA | 70508 |
| • | Street or P.O. Box | City | State | Zip Code |
| David L. Lippman | 151 Southpark Road, Suite 200 | - | LA | 70508 |
| | | | State | |
| | 151 Southpark Road, Suite 200 | | LA | Zip Code 70508 |
| If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation. | e states or territories of the United State | han one half (1/2) of t s or District of Colum | he directors, and all of the bia to render a profession | officers other than the secretary al service described in the |
| 10. I certify that, as of the date of filing th | is application, the above-named entity v | alidly exists under the | e laws of the jurisdiction o | f its formation. |
| 11. If a limited partnership, it elects to b | oe a limited liability limited partnership | p. Check the box if | applicable: | |
| 12. This application will be effective upon The effective date or the delayed effective | | | e date and/or time is | |
| 11 20 0.1. | Q Hamal | d D Vina In 1 | · · | yed effective date and/or time) |
| Lacold Flio. | THE THE THE | | Member | Sleliz |
| Signature of Authorized Representative | | Printed Name & Title | | Date |
| National Registered Agent | s, Inc, conse | ent to serve as the reg | gistered agent on behalf o | f the business entity. |
| Chirth ha | Joy Schroede | er . | Asst. Secretary | 5/17/2017 |
| Signature of Registered Agent | Printed Name | | Title | Date |
| (04/11) | | | | |