

Steve Kent Services, LLC
2927 Hwy 70 South
Pierre Part, La. 70339
Ph.: 985-252-3314 Fax: 985-252-9326
Email: sk@currently.com

Equipment:

2013 International Truck	Vin# 3HSDJSJR6DN153199
2006 Trailer	Vin# 1UNST42216L037986
2006 Trailer	Vin# 1UNST42256L037931
2007 Trailer	Vin# 1UNST42217L055148
2009 Trailer	Vin# 1G9VT40269H017072



UNITED STATES OF AMERICA
State of Louisiana

R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

STEVE KENT SERVICES, LLC

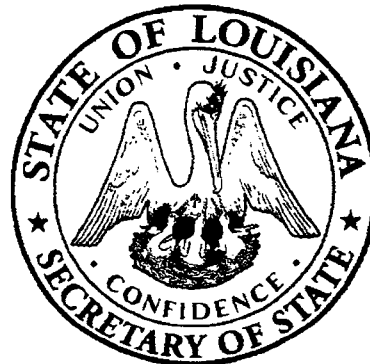
Domiciled at PIERRE PART, LOUISIANA,

Was filed and recorded in this Office on June 02, 2020,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 2, 2020



R. Kyle Ardoin

Secretary of State

WEB 43920878K

Certificate ID: 11216067#JUL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



R. Kyle Ardoin
SECRETARY OF STATE

State of Louisiana
Secretary of State



COMMERCIAL DIVISION
225.925.4704

June 2, 2020

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of STEVE KENT SERVICES, LLC was received and filed on June 02, 2020.

WEB 43920878K

STATE OF LOUISIANA
ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

STEVE KENT SERVICES, LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES
MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. The company is:

MEMBER-MANAGED

Other provisions:

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: SHAWNCY PONVILLE (6/2/2020)

TITLE: MEMBER-MANAGER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

The name of this limited liability company is:

STEVE KENT SERVICES, LLC

The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:

2919 HIGHWAY 70 SOUTH
PIERRE PART, LA, 70339

Mailing Address:

2919 HIGHWAY 70 SOUTH
PIERRE PART, LA, 70339

The full name and municipal address (not a P.O. Box only) of each of this limited liability company's registered agent(s) is/are:

SHAWNCY PONVILLE
2919 HIGHWAY 70 SOUTH
PIERRE PART, LA, 70339

The name and municipal address (not a P.O. Box only) of the managers or members:

SHAWNCY PONVILLE (MANAGER, MEMBER)
2919 HIGHWAY 70 SOUTH
PIERRE PART, LA, 70339

STEVE KENT (MEMBER)

6840 HIGHWAY 996
BELLE ROSE, LA, 70341

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: SHAWNCY PONVILLE (6/2/2020)

TITLE: MEMBER-MANAGER

SECRETARY OF STATE



Agent Affidavit and Acknowledgement of Acceptance

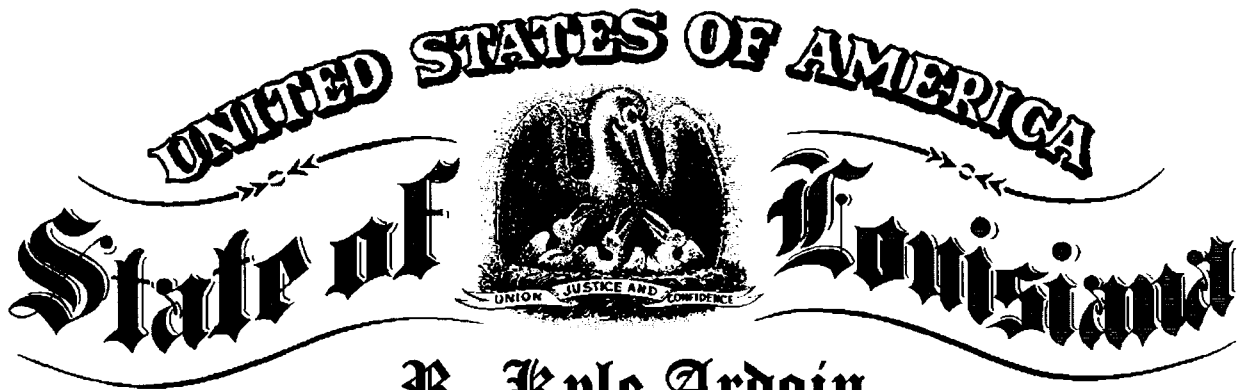
Charter Number: 43920878K

Charter Name: STEVE KENT SERVICES, LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

Date Responded	Agent(s)
06/02/2020	SHAWNCY PONVILLE

Agent(s) Electronic Signature
BRIDGET LANDRY



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

STEVE KENT SERVICES, LLC

A limited liability company domiciled in PIERRE PART, LOUISIANA,

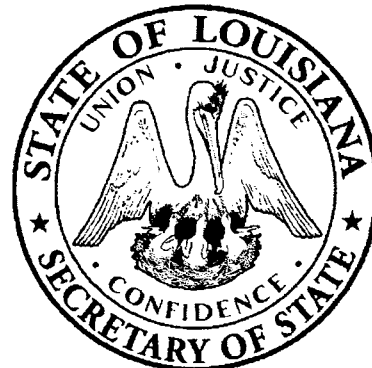
Filed charter and qualified to do business in this State on June 02, 2020,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 10, 2021



Secretary of State

Web 43920878K

Certificate ID: 11338478#A4P83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.

sos.la.gov



Steve Kent Services, LLC
2927 Highway 70 South
Pierre Part, Louisiana 70339
(985)252-3314

Company Members:

Shawncy Ponville 51%

Steven Kent 49%

Other involved in dispatching (besides owners)

Jamie Ponville

Bridget Landry

Office employee:

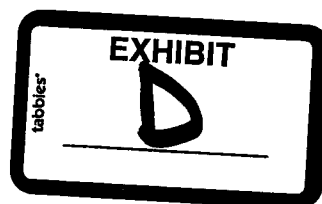
Bridget Landry

Truck Drivers for hauling: (subject to hiring additional drivers in the future)

Louis Coleman

Equipment:

Truck & Trailer





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. PO Box 100 Plattenville LA 70393	CONTACT NAME: Jesslyn Landry PHONE (A/C, No., Ext): 985-369-7272 E-MAIL ADDRESS: Jesslyn_Landry@ajg.com		FAX (A/C, No): 866-772-0656
	INSURER(S) AFFORDING COVERAGE		
INSURED Steve Kent Services, LLC 2919 Hwy 70 South Pierre Part LA 70339	INSURER A : Penn-America Insurance Company	NAIC # 32859	
	INSURER B : Progressive Paloverde Insurance Company	44695	
	INSURER C : LUBA Casualty Insurance Company	12472	
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1480416048

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PAV0220489	7/27/2020	7/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			02427063-0	7/27/2020	1/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	28000147168120	7/27/2020	7/27/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Louisiana Public Service Commission
 Galvez Building, 602 N 5th St
 Baton Rouge LA 70821

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

EXHIBIT**E**

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