

## Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

3D DELIVERY LOGISTICS LLC

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- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?**  **NO** **Previous Authority?**  **NO**

**If yes, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Department of State?**  **NO**

If No, you must first register (see checklist)

**If Yes, provide your PA Corporation Bureau Entity ID Number** 14983816

(see checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

CARLOS DETRES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1125 BRIDLE PATH RD  
\_\_\_\_\_  
Street Address  
BETHLEHEM, PA 18017  
\_\_\_\_\_  
City, State and Zip Code  
Northampton  
\_\_\_\_\_  
County  
(724) 732-7105  
\_\_\_\_\_  
Telephone Number  
3DDELIVERLOGISTICSLLC@uscsacs.org  
\_\_\_\_\_  
E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
County  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing  
\_\_\_\_\_  
Attorney's Address  
\_\_\_\_\_  
E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Do you have a USDOT Number?**

\_\_\_\_\_ No        X   Yes, at No.   4495121

10. **What type of commodities do you intend to transport other than your own? Please note applicable exemptions on pages 4-5.**

General Freight

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11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

**Verification of Application**

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Carlos Detres

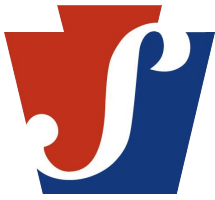
(Print Name)

(Signature)

11-25-2025

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).



Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

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November 14, 2025

United States Corporation Agents, Inc.  
600 N 2ND STREET  
4TH FLOOR  
HARRISBURG, PA 17101

Entity Name: 3D Delivery Logistics LLC  
Entity File Date: November 14, 2025  
Entity Number: 0014983816  
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit [www.pa100.state.pa.us](http://www.pa100.state.pa.us) to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit [www.Business.pa.gov](http://www.Business.pa.gov) to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



0014983816



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**  
 Fee: \$125

Pennsylvania Department of State

**-FILED-**

File #: 0014983816  
Date Filed: 11/14/2025

B0960-1431 11/14/2025 8:00 AM Received by Pennsylvania Department of State

**DSCB:15-8821 (rev. 2/2017)**

In compliance with the requirements of [15 Pa.C.S. § 8821](#) relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

| Limited Liability Company Type  |   |                                    |         |                     |   |
|---|---|------------------------------------|---------|---------------------|---|
| Filing type   | Domestic Limited Liability Company              |                                    |         |                     |   |
| Limited liability company subtype   | Limited Liability Company                       |                                    |         |                     |   |
| Limited Liability Company Name  |   |                                    |         |                     |   |
| Entity name   | 3D Delivery Logistics LLC                       |                                    |         |                     |   |
| Effective Date  |   |                                    |         |                     |   |
| The filing shall be effective when filed with the Department of State   |   |                                    |         |                     |   |
| Registered Office   |   |                                    |         |                     |   |
| The name of the commercial registered office provider and the county of venue is  |   |                                    |         |                     |   |
| United States Corporation Agents, Inc.<br>Commercial Registered Office Provider   |   |                                    |         |                     |   |
| Venue and Publication County  | DAUPHIN   |                                    |         |                     |   |
| Organizers  |   |                                    |         |                     |   |
| <table border="1"> <thead> <tr> <th>Name of individual or organization</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Carlos Ariel Detres</td> <td>1125 BRIDLE PATH RD<br/>BETHLEHEM, PA 18017-3608</td> </tr> </tbody> </table> |   | Name of individual or organization | Address | Carlos Ariel Detres | 1125 BRIDLE PATH RD<br>BETHLEHEM, PA 18017-3608 |
| Name of individual or organization  | Address   |                                    |         |                     |   |
| Carlos Ariel Detres   | 1125 BRIDLE PATH RD<br>BETHLEHEM, PA 18017-3608 |                                    |         |                     |   |
| Additional provisions, if any   |   |                                    |         |                     |   |
| Additional provisions   |   |                                    |         |                     |   |
| <input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)  |   |                                    |         |                     |   |
| Electronic Signature  |   |                                    |         |                     |   |
| IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.  |   |                                    |         |                     |   |
| <i>Carlos Ariel Detres</i>  | <i>11/13/2025</i>                               |                                    |         |                     |   |
| Carlos Ariel Detres   | Date  |                                    |         |                     |   |