

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Certificate of Limited Partnership**  
**Domestic Business Entity**

**KNP**

Pursuant to the provisions of KRS Chapter 362.2, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

**Article I:** The name of the limited partnership is

**MORTONS GAP CIVIC CLUB LIMITED LIABILITY LIMITED PARTNERSHIP**

**Article II:** The mailing address of the designated office of the limited partnership is

**P.O. Box 1726, Morton's gap, KY 42440**

**Article III:** The street address of the limited partnership's initial registered office in Kentucky is

**211 white city road, Morton's gap, KY 42440**

and the name of the initial registered agent at that office is **Morton's gap civic club**

**Article IV:** The name and mailing address of each general partner is

Rob Clayton Boucher P. O. Box 172, Morton's gap, Ky 42440

Lauren Hayes 211 white city road, Morton's gap, Ky 42440  
Boucher

**Article V:** The above partnership elects to be a limited liability limited partnership.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of partner: **Rob Clayton Boucher**

Signature of partner: **Lauren Hayes Boucher**

I, **Rob Boucher**, consent to sign for **Morton's gap civic club** who serves as the Registered Agent on behalf of the corporation.

**Rob Boucher**

5/17/2023