

**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  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Limited Partnership**  
**Domestic Business Entity**

**KNP**

Pursuant to the provisions of KRS 14A and KRS 362, 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).

1. The name of the limited partnership is

**THREE AMIGOS SPECIALIZED HAULING limited partnership**

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

**4212 MACGREGOR PLACE, NEW ALBANY, IN 47150**

3. The name of the initial registered agent is

**Andrew Pierce**

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

**Von Allmen Court Brownsboro Crossing Suite 201, Louisville, KY 40241**

4. The name and mailing address of each general partner is:

**General Partner**      Emanuele De Caria      408 Poinciana Dr, Sunny Isles Beach, FL 33160

5. This filing will be effective on **Wednesday, April 9, 2025.**

This entity is a retailer of authorized vapor products as defined by KRS 438.305(2).

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 **Partner: Emanuele De Caria**

I, **Andrew Pierce**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, April 9, 2025.