



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD  
Michael G. Adams  
Kentucky Secretary of State  
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Division of Business Filings  
P.O. Box 718,  
Frankfort, KY 40602  
(502) 564-3490  
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 DEERLICK Limited Partnership

2. The mailing address of the principal office of the limited partnership is:  
P.O. Box 934 PRESTONSBURG KY 41653  
Street Address or Post Office Box Numbers City State Zip Code

3. The street address of the limited partnership's initial registered office in Kentucky is:  
139 PICKETT LANE PRESTONSBURG KY 41653  
Street Address (No Post Office Box Numbers) City State Zip Code

4. The name of the initial registered agent at that office is CHARLES R. BRADLEY

5. The name and street address of each general partner is:  
CHARLES R. BRADLEY 2802 KY ROUTE 825 HAGER HILL KY 41222  
Name Street Address (No Post Office Box Numbers) City State Zip Code

Name Street Address (No Post Office Box Numbers) City State Zip Code

6. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable:

7. This application will be effective upon filing.

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

Charles R. Bradley CHARLES R. BRADLEY 12/28/23  
Signature of Partner Printed Name Date

Signature of Partner Printed Name Date

I, CHARLES R. BRADLEY, consent to serve as the registered agent on behalf of the limited partnership.  
Print Name of Registered Agent

Charles R. Bradley CHARLES R. BRADLEY 12/28/23  
Signature of Registered Agent Printed Name Date