Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Articles of Organization Limited Liability Company

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

CORRECTIVE THERAPIES LLC

Article II: The name of the initial registered agent is

Sarah Varga

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

2071 Deauville Dr, Lexington, KY 40504

Article III: The mailing address of the entity's principal office is

250 Walton Ave, Suite 156, Lexington, KY 40502

Article IV: This entity is managed by Managers.

This filing will be effective on Monday, February 10, 2025.

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 Organizer: Sarah Varga

l, **Sarah Varga**, consent to serve as the Registered Agent on behalf of this entity on Monday, February 10, 2025.

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LAOO

1428704.06 Michael G. Adams Secretary of State Received and Filed 2/10/2025 12:00:00 AM Fee receipt: \$40

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