

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

RECOVERY AMPED LLC

3. The state or country under whose law the entity is organized is **Ohio**.

4. The date of organization is **3/13/2019** and the period of duration is **perpetual**.

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

4555 S 3rd St, LOUISVILLE, KY 40214

6. The name of the initial registered agent is

Recovery Amped LLC

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

4555 S 3rd St, LOUISVILLE, KY 40214

7. The names and business addresses of the entity's representatives:

Member	Phillip J Wenger	4555 S 3rd St, LOUISVILLE, KY 40214
Member	Joseph Kyle Thomas	331 Eaton Lewisburg Rd. Apt. A, Eaton, OH 45320

8. This entity is managed by **Members**.

9. This filing will be effective on **Friday, March 7, 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 **Owner: Phillip J Wenger**

I, **Phillip J Wenger**, consent to sign for **Recovery Amped LLC** who serves as the Registered Agent on behalf of this entity on Friday, March 7, 2025.