

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1437630.06
Michael G. Adams
Secretary of State
Received and Filed
3/13/2025 12:00:00 AM
Fee receipt: \$90

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

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

SABIN RECOVERY HOME

3. The name of the entity to be used in Kentucky is

SABIN RECOVERY HOME LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **3/11/2025** and the period of duration is **perpetual**.

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

PO Box 667703, Pompano Beach, FL 33066

7. The name of the initial registered agent is

Angelete Moreland

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

4772 Allmond Ave 9083, Louisville, KY 40209

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

Manager	Damali Dolcine	PO Box 667703, Pompano Beach, FL 33066
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Organizer	Damali Dolcine	PO Box 667703, Pompano Beach, FL 33066
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9. This entity is managed by **Managers**.

10. This filing will be effective on **Thursday, March 13, 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: Damali Dolcine**

I, **Angelete Moreland**, consent to serve as the Registered Agent

on behalf of this entity on Thursday, March 1

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