

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

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**

**KLC**

LA00  
1389834.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
8/24/2024 12:00:00 AM  
Fee receipt: \$40

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

**HOPE HAVEN RECOVERY LLC**

Article II: The name of the initial registered agent is

**Hope Haven Recovery LLC**

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

**Hope Haven Recovery LLC 60 Scarlet DR., Corbin, KY 40701**

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

**Hope Haven Recovery LLC 60 Scarlet DR., Corbin, KY 40701**

Article IV: This entity is managed by **Members**.

This filing will be effective on **Saturday, August 24, 2024**.

We 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: Ashley Lockard**

Signature of individual signing on behalf of **Organizer: Tiffany Martin**

Signature of individual signing on behalf of **Organizer: Ethel Howard**

I, **Hope Haven Recovery LLC**, consent to sign for **Hope Haven Recovery LLC** who serves as the Registered Agent on behalf of this entity on Saturday, August 24, 2024.