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

SPROUTS THERAPY CENTER LLC

Article II: The name of the initial registered agent is

Brittany Cucci

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

237 South Main Street, Beaver Dam, KY 42320

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

237 South Main Street, Beaver Dam, KY 42320

Article IV: This entity is managed by Members.

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 Organizer: Brittany Cucci

I, Brittany Cucci, consent to serve as the Registered Agent on behalf of this entity on Thursday, March 13, 2025.

LAOO 1437836.06

Michael G. Adams Secretary of State Received and Filed 3/13/2025 12:00:00 AM Fee receipt: \$40

KLC