

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
Received and Filed
3/14/2025 12:00:00 AM
Fee receipt: \$40

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
Non-profit Limited Liability Company

NLC

Please Note: This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Organization.

Pursuant to KRS 14A and KRS 275, the undersigned hereby forms a nonprofit limited liability company and for that purpose sets forth the following:

Article I: The name of the nonprofit limited liability company is

HELPING HANDS RECOVERY ZONE PLUS LLC

Article II: The name of the initial registered agent is

Shonnese Reed

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

3439 Janell Rd, Louisville, KY 40216

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

1540 South 30th St, Louisville, KY 40211

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

Article V: The purpose of the nonprofit limited liability company is **Helping Hands Recovery Zone Plus is dedicated to providing comprehensive support for individuals and families affected by alcohol and substance abuse, as well as mental health challenges. Our mission is to foster a healthier, more resilient community.**

This filing will be effective on **Friday, March 14, 2025**.

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: Damon Hayes**

Signature of individual signing on behalf of **Organizer: Kevin Wilson**

Signature of individual signing on behalf of **Organizer: Keisha Wilson**

I, **Shonnese Reed**, consent to serve as the Registered Agent on behalf of this entity on Friday, March 14, 2025.