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Fee Receipt: \$40.00

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/22/2024 12:35 PM

ARTICLES OF ORGANIZATION

FOR

THRIVE DISPENSARY, LLC

The undersigned, desiring to form a limited liability company under Chapter 275 of the Kentucky Revised Statutes, hereby adopts the following Articles of Organization for and on behalf of the limited liability company and declares under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

ARTICLE I NAME

The name of the limited liability company shall be Thrive Dispensary, LLC.

ARTICLE II REGISTERED OFFICE AND AGENT

The street address of the limited liability company's initial registered office is 15744 Fort Campbell Blvd, Oak Grove, Kentucky 42262, and the name of its initial registered agent at that location is Michael J. Thompson.

ARTICLE III PRINCIPAL OFFICE

The mailing address of the initial principal office of the limited liability company is 15744 Fort Campbell Blvd, Oak Grove, Kentucky 42262.

ARTICLE IV PERSON FORMING LIMITED LIABILITY COMPANY

The name and mailing address of the persons forming the limited liability company is Michael J. Thompson, 15744 Fort Campbell Blvd, Oak Grove, Kentucky 42262.

ARTICLE V MANAGEMENT

The limited liability company is initially to be managed by a manager.

ARTICLE VI OPERATING AGREEMENT

The business and affairs of the limited liability company shall be conducted in accordance with the provisions of its Operating Agreement.

ARTICLE VII **EFFECTIVE DATE**

This application will be effective upon filing.

IN WITNESS WHEREOF, these Articles of Organization have been duly signed and executed by the undersigned, as of the 22nd day of August, 2024.

Michael J. Thompson, Organizer Notary Public - State at Large State of Kentucky
Notary ID # KYNP36520
My Commission Expires Sep. 7, 2025 COMMONWEALTH OF KENTUCKY))SCT.
COUNTY OF CHRISTIAN)

The foregoing instrument was subscribed and acknowledged before me by Michael J. Thompson, Organizer, for and on behalf of Thrive Dispensary, LLC, this 22nd day of August, 2024, who is personally known to me or has produced _____ as identification.

My Commission Expires:

Notary Public

PREPARED BY:

Jack N. Lackey, Jr.

Deatherage, Myers & Lackey, PLLC

701 South Main Street

P.O. Box 1065

Hopkinsville, Kentucky 42241-1065

Telephone (270) 886-6800

Fax (270) 885-7127

STATEMENT OF INITIAL REGISTERED AGENT

I, Michael J. Thompson, pursuant to KRS 275.025(4), hereby consent to serve as the initial Registered Agent for Thrive Dispensary, LLC.

Dated, this 22nd day of August, 2024.

Michael J. Thompson

TIFFONY GRIFFIN

Notary Public - State at Large

State of Kentucky

Notary ID # KYNP36520

My Commission Expires Sep. 7, 2025

COMMONWEALTH OF KENTUCKY)
)SCT.
COUNTY OF CHRISTIAN)

The foregoing instrument was subscribed and acknowledged before me by Michael J. Thompson, this 22nd day of August, 2024, who is personally known to me or has produced ______ as identification.

My Commission Expires: Soptembel

Notary Public