

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

LAOO  
1438560.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/17/2025 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**  
**Limited Liability Company**

**KLC**

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

**1 LIFE 2 LIVE RECOVERY LLC**

Article II: The name of the initial registered agent is

**Northwest Registered Agent LLC**

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

**212 N. 2nd St. STE 100, Richmond, KY 40475**

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

**112 Parkside Cir, Vine Grove, KY 40175**

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

This filing will be effective on **Monday, March 17, 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: Johnny Cook**

I, **Northwest Registered Agent LLC**, consent to sign for **Northwest Registered Agent LLC** who serves as the Registered Agent on behalf of this entity on Monday, March 17, 2025.