

**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  
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**Articles of Organization**  
**Limited Liability Company**

**KLC**

LAOO  
1431669.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
2/20/2025 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

**WELLNESS MOBILE, L.C.**

Article II: The name of the initial registered agent is

**JAKE RICHARDS**

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

**153 Kent Haven Dr, Somerset, KY 42503**

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

**153 Kent Haven Dr, Somerset, KY 42503**

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

This filing will be effective on **Thursday, February 20, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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: JAKE RICHARDS**

I, **JAKE RICHARDS**, consent to sign for **JAKE RICHARDS** who serves as the Registered Agent on behalf of this entity on Thursday, February 20, 2025.