

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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**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

Releaf & Revive Wellness LLC

Article II: The name of the initial registered agent is

Stephanie Porter

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

1858 Indian Creek Rd, Hillsboro, KY 41049

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

1858 Indian Creek Rd, Hillsboro, KY 41049

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

This filing will be effective on **Wednesday, January 15, 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: Stephanie Michelle Porter**

I, **Stephanie Michelle Porter**, consent to sign for **Stephanie Porter** who serves as the Registered Agent on behalf of this entity on Wednesday, January 15, 2025.