

**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

Transitions Recovery Center LLC

Article II: The name of the initial registered agent is

Kimberly Hayes

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

1333 Centre Pkwy Apt 42b, Lexington, KY 40517

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

1333 Centre Pkwy Apt 42b, Lexington, KY 40517

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

This application will be effective on **Monday, July 1, 2024**.

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: Kimberly Shea Hayes**

I, **Kimberly Shea Hayes**, consent to sign for **Kimberly Hayes** who serves as the Registered Agent on behalf of this entity on Saturday, July 6, 2024.