

**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

WEST LOUISVILLE PRIMARY CARE AND COMMUNITY MENTAL HEALTH CLINIC LLC

Article II: The name of the initial registered agent is

Recovery Center of Kentucky, LLC

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

915 Memorial Court, Elizabethtown, KY 42701

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

11801 Brinley Avenue, Louisville, KY 40243

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

This application will be effective on **Tuesday, July 16, 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: Dr. Warrick Stewart**

I, **Dr. Warrick Stewart**, consent to sign for **Recovery Center of Kentucky, LLC** who serves as the Registered Agent on behalf of this entity on Tuesday, July 16, 2024.