

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

KNLP

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

1. The name of the partnership electing to become a limited liability partnership is

**Uplifted Recovery Care LLP**

2. The mailing address of the chief executive office of the limited liability partnership is

**607 n broadway, lexington, KY 40508**

3. The name of the initial registered agent is

**Sabra Wilson**

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

**607 N broadway, Lexington, KY 40508**

4. The above partnership elects to be a limited liability partnership.

This application will be effective on **Saturday, June 29, 2024.**

We 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 **General Partner:**

**Sabra Wilson**

Signature of individual signing on behalf of **General Partner: Don Offutt II**

I, **Sabra Wilson**, consent to sign for **Sabra Wilson** who serves as the Registered Agent on behalf of this entity on Saturday, June 29, 2024.