STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Robyn A. Crittenden**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

HIDDEN CREEK RECOVERY PROGRAMS, LLC a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **11/21/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.



WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **12/18/2018**.



Kolyn Q. Cristenden

Robyn A. Crittenden Secretary of State

Articles of Organization

of

HIDDEN CREEK RECOVERY PROGRAMS, LLC

Pursuant to OCGA §14-11

NG LAKY OF STATE CORPORATIONS DIVISION

Article 1.

The name of the limited liability company is Hidden Creek Recovery Programs, LLC

Article 2.

Management of the limited liability company is vested in one or more managers whose names and addresses are as follows:

- 1. Reed Hatkoff 2401 East Hatcher Road Phoenix, Arizona 85028 -and-2. Todd Wilson
- 8343 Roswell Road #358 Atlanta, GA 30176

Article 3.

The primary place of business in Georgia, shall be: 110 Pleasant Hill Church Road, Tallapoosa, Haralson County, Georgia 30176.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization.

This 17th day of December, 2018.

G. Hamp Reed Hatkoff

Organizer



Secretary of State

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION 2 Martin Luther King Jr. Dr. SE Suite 313 West Tower Atlanta, Georgia 30334 (404) 656-2817 sos.ga.gov

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TRANSMITTAL INFORMATION FORMEPORATIONS DIVISION GEORGIA LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: reedh@cox.net

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1.						
	LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)					
	HIDDEN CREEK RECOVERY PROC					
	LLC Name (List exactly as it appears in articles	3.)				
2.	Reed Hatkoff					
	Name of Person Filing Articles of Organization (Certificate will be emailed to this person at address listed below.)					
	2401 E. Hatcher Rd.	Phoenix			5028	
	Address	City		State	Zip Code	
	reedh@cox.net			770-574-75	A PAT IN A REAL PAT INA REAL PAT IN A REAL PAT	
	Filer's Email Address			Telephone N	umber	
3.	110 Pleasant Hill Church Road					
	Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)					
	Tallapoosa		GA	3	0176	
	City		State		Zip Code	
4.	Todd Wilson					
	Name of Registered Agent in Georgia					
	8343 Roswell Rd. #358					
	Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)					
	Atlanta	Fulton	GA	30350	7. 0.4	
	City	County	State		Zip Code	
	todd@thearches.org Registered Agent's Email Address					
	Registered Agent's Email Address					
5.	Name and Address of Each Organizer (Attach	additional sheets if necessary.)				
	Reed Hatkoff	2401 E. Hatcher Rd	Phoenix	AZ	85028	
	Organizer	Address	City	State	Zip Code	
	Todd Wilson	8343 Roswell Rd. #358	Atlanta	GA	30350	
	Organizer	Address	City	State	Zip Code	
6. Mail the following items to the Secretary of State at the above address: 1) This Transmittal Information Form; 2) The Articles of Organization; and 3) Filing fee of \$100.00 payable to Secretary of State. Filing fees are non-refundable. I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entry database. I certify that the above information is true and correct to the best of my knowledge. Signature of Authorized Rerson						
-	Reed A. Hatkoff					
Print name						

FORM 231 (Rev. 10/2018)