



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 7/17/2023 1:41 PM
 Fee Receipt: \$40.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Organization
Professional Limited Liability Company

PLC

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 professional limited liability company is:

Reflections Counseling with Carina PLLC

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:

547 Flushing Meadows Dr **Rineyville** **KY** **40162**

Street Address Only (No Post Office Box Numbers) **City** **State** **Zip Code**

and the name of the initial registered agent at that office is **Derrick Born**

Article III: The mailing address of the professional limited liability company's initial principal office is:

547 Flushing Meadows Dr **Rineyville** **KY** **40162**

Street Address or Post Office Box Number **City** **State** **Zip Code**

Article IV: The professional limited liability company is to be managed by (must check one):

☐
☒

A. a manager(s).

B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Counseling, Therapy, Coaching services provided by a Licensed Professional Clinical Counselor.

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Carina Atchley **Carina Jade Atchley** **5-6-2023**
 Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

Signature of Organizer Printed Name Date

I, **Derrick Born**, consent to serve as the registered agent on behalf of the limited liability company.
 Print Name of Registered Agent

Derrick Born **Derrick Born** **6 May 2023**
 Signature of Registered Agent Printed Name Date

In the name and by the Authority of the

Commonwealth of Kentucky



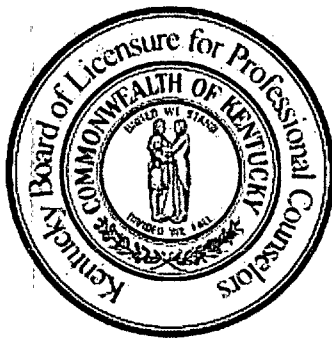
Kentucky Board of Licensed Professional Counselors

Carina Jade Atchley

has fulfilled the provisions of the Kentucky Revised Statutes and is hereby
licensed as a

Licensed Professional Clinical Counselor

and is hereby authorized to use the title Licensed Professional Clinical
Counselor in this state, together with all of the rights, privileges and
honors appertaining thereto, subject to the provisions of said statutes.



Given under our hands and the Seal of the Kentucky Board
of Licensed Professional Counselors.

/s Dr. Hannah Coyt

Chair

License Number: 275904

Issue Date: February 18, 2022

Expire Date: December 31, 2023

In the name and by the authority of the



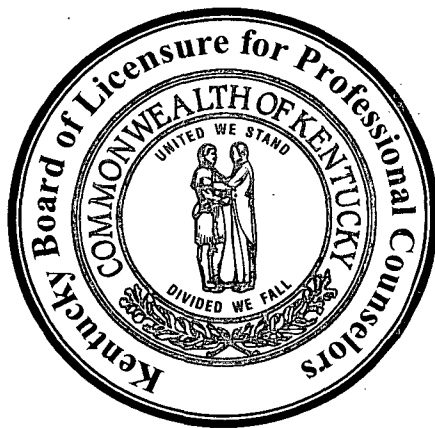
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And is hereby authorized to use the title Licensed Professional Clinical Counselor in this state, together with all of the rights, privileges and honors appertaining thereto, subject to the provisions of said statutes.



Given under our hands and the Seal of the Kentucky
Board of Licensed Professional Counselors

On 2/18/2022

Andrea Brooks

Chair

License Number 275904