



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Incorporation
Professional Service Corporation

KPS

Pursuant to KRS 14A, KRS 271B and KRS 274, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Nicholasville Family Therapy Services P.S.C.

Article II: The number of shares the corporation is authorized to issue is 1

Article III: The name and street address of the corporation's initial registered agent and office in Kentucky is

United States Corporation Agents, Inc. 9900 Corprt Campus Dr Ste 3000 Louisville KY 40223
Name Street Address (No Post Office Box Numbers) City State Zip Code

Article IV: The mailing address of the corporation's principal office is

207 S 3rd Street Nicholasville KY 40356
Street Address or Post Office Box Number City State Zip Code

Article V: The profession to be practiced through the professional service corporation is Marriage and Family Therapy

Article VI: The names and street addresses of the original shareholders of the professional service corporation are:

Lisa Elizabeth Bedtelyon 207 S 3rd Street Nicholasville KY 40356
Name Street Address City State Zip Code

Name Street Address City State Zip Code

Name Street Address City State Zip Code

Article VII: The name and street address of the incorporator is as follows:

Lisa Elizabeth Bedtelyon 207 S 3rd Street Nicholasville KY 40356
Name Street Address or Post Office Box Number City State Zip Code

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

Article VIII: Each of the incorporators, shareholders, not less than one half (1/2) of the directors and each of the officers other than secretary or treasurer is a qualified person within the meaning of this chapter.

Article IX: This application will be effective upon filing.

Please indicate if the following applies to your business ownership:

Veteran Owned

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

Signature of Incorporator Lisa Elizabeth Bedtelyon Marriage and Family Therapist Associate 8-11-21
Printed Name Title Date

I, United States Corporation Agents, Inc. consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent Asst. Secretary, United States Corporation Agents, Inc.

Signature of Registered Agent Cheyenne Moseley
Printed Name Title Date

In the name and by the Authority of the

Commonwealth of Kentucky



Kentucky Board of Licensure for Marriage and Family Therapists

Lisa E Bedtelyon

is hereby issued this permit as a

Marriage and Family Therapist Associate

Given under our hands of the Kentucky Board of Licensure for Marriage and Family Therapists.

/s/ Shawn Oak

Chair



Permit Number: 261171

Issue Date: December 12, 2019

Expire Date: January 12, 2022