

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/25/2021 2:04 PM Fee Receipt: \$50.00

KPS

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

Articles of Incorporation Professional Service Corporation

		d for that purpose subm		
Article I: The name	e of the corporation is Nicholasville Family Therapy Services	P.S.C.		
	ber of shares the corporation is authorized to issue is 1	`		
	ne and street address of the corporation's initial registered agent ar	nd office in Kentucky is		
	n Agents, line. 9900 Corprt Campus Dr Ste 3000	Louisville	KY.	40223
lame	Street Address (No Post Office Box Numbers)	City	State	Zip Code
Article IV: The mail	ling address of the corporation's principal office is	•	,	
207 S 3rd Street		Nicholasville	·KY	40356
treet Address or Post Office Box Number		City	State	Zip Code
,	ession to be practiced through the professional service corporation	•		
				·
	es and street addresses of the original shareholders of the profess			400EC
	ledtelyon 207 S 3rd Street	Nicholasville	KY	40356
lame	Street Address	City	State	Zip Code
lame	Street Address	City	State	Zip Code
lame	Street Address	City	State	Zip Code
	,			
	ne and street address of the incorporator is as follows: ledtelyon 207 S 3rd Street	Nicho	lasville KY	40356
	legiciyoti 207 3 310 31166t			
lama	Street Address or Bost Office Boy Number	City	State	
lame	Street Address or Post Office Box Number	City	State	Zip Code
	Street Address or Post Office Box Number Street Address or Post Office Box Number	City	State	Zip Code
lame lame Article VIII: Each of qualified person wit	:	City	State	Zip Code
Name Article VIII: Each of qualified person wit	Street Address or Post Office Box Number the incorporators, shareholders, not less than one half (1/2) of the	City	State	Zip Code
iame Article VIII: Each of Jualified person wit	Street Address or Post Office Box Number The incorporators, shareholders, not less than one half (1/2) of the thin the meaning of this chapter.	City	State	Zip Code
lame article VIII: Each of qualified person wit article IX: This app	Street Address or Post Office Box Number The incorporators, shareholders, not less than one half (1/2) of the thin the meaning of this chapter.	City	State	Zip Code etary or treasurer is a
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Article VIII: Each of qualified person with Article IX: This appropriate indicate if Veteran we declare under United States	Street Address or Post Office Box Number If the incorporators, shareholders, not less than one half (1/2) of the thin the meaning of this chapter. Dilication will be effective upon filling. If the following applies to your business ownership: Owned Penalty of perjury under the laws of the state of Kentucky that the Lisa Elizabeth Bedtelyon Printed Name Corporation Agents, Inc. Consent to sen	City directors and each of the directors and each of the foregoing is true and continued and continued and continued are as the registered age	State ne officers other than secre meet. ng and family 1	Zip Code etary or treasurer is a herapist 8-11- Date
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(07/20)

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