



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 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:

Veillon Psychological Services, PLLC

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

4010 Dupont Circle, Suite 574 Louisville KY 40207

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

and the name of the initial registered agent at that office is Dr. Catherine H. Veillon

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

4010 Dupont Circle, Suite 574 Louisville KY 40207

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):

X A. a manager(s).

 B. its member(s).

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

Psychological treatment and related services

(Additional articles not inconsistent with law may be stated in the space below or additional pages may be attached and incorporated by reference.)

☐ If checked, this is a veteran-owned business as defined by KRS 14A.1-070(45) (Include DD-214 forms of all prospective veteran-owners with redactions to remove social security numbers, dates of birth, and home addresses. Note: DD-214s will not be available for public view and will be destroyed after verification by the Secretary of State).

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

Signature of Organizer

Dr. Catherine H. Veillon

Printed Name

Dr. Catherine H. Veillon

Date

08/06/2024

Signature of Organizer

Printed Name

Date

Signature of Organizer

Printed Name

Date

I, Dr. Catherine H. Veillon

, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

Dr. Catherine H. Veillon

Dr. Catherine H. Veillon

08/06/2024

Signature of Registered Agent

Printed Name

Date