



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams  
Kentucky Secretary of State  
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9/19/2022 9:46 AM  
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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:

Viewpoint Counseling Services, PLLC

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

9900 Corprt Campus Dr Ste 3000                      Louisville                      KY                      40223

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

and the name of the initial registered agent at that office is United States Corporation Agents, Inc.

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

163 Spring Run St                      Versailles                      KY                      40383

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):

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> |

A. a manager(s).

B. its member(s).

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

Mental Health counseling provided by a Licensed Clinical Social Worker.

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.

*Paula L. Everhart*

Paula L. Everhart

8/26/2022

Signature of Organizer

Printed Name

Date

Signature of Organizer

Printed Name

Date

Signature of Organizer

Printed Name

Date

I, United States Corporation Agents, Inc.

Print Name of Registered Agent

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

Cheyenne Moseley, Assistant Secretary,  
United States Corporation Agents, Inc.

9/15/22

Signature of Registered Agent

Printed Name

Date



## Board of Social Work

### KBSW License Verification

# License Details

Kentucky Board of Social Work  
125 Holmes Street, Suite 310  
Frankfort, KY 40601

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## Details

|                  |  |
|------------------|--|
| License Number   | 252987   |
| License Type     | Licensed Clinical Social Worker  |
| First Name       | Paula L.   |
| Last Name        | Everhart   |
| Date of Issuance | 11/3/2017  |
| Expiration Date  | 11/3/2023  |
| Status           | Active   |
| Disciplined      | Public records of this office reveal no disciplinary action taken against this licensee. |

## Disciplinary Documents

No records found.

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Expiration date  
11/3/2023

see attached  
From KY Board of  
Social Work  
website