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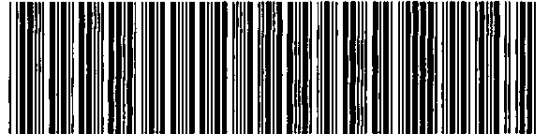
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 4 - 2010

EXAMINER

**To: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

**From: Sara Cox  
8115 Colonial Village Drive  
Apt# 106  
Tampa, FL 33625**

**Subject: STEPPING STONES THERAPY, LLC**

Enclosed please find an original and one (1) copy of the articles of incorporation for the above Limited Liability Company and check in the amount of \$125.00.

Please forward a certified copy to the address listed above.



**Sara Cox**

# **ARTICLES OF ORGANIZATION**

**of**

## **STEPPING STONES THERAPY, LLC**

Pursuant to Chapter 608.401, Florida Statutes, as it may be amended from time to time, the undersigned does hereby establish Stepping Stones Therapy, L.L.C., a limited liability company, pursuant to the terms of these Articles of Organization as set forth herein below:

### **I. NAME OF LIMITED LIABILITY COMPANY**

The Name of this limited liability company shall be Stepping Stones Therapy, L.L.C.

### **II. MAILING ADDRESS AND STREET ADDRESS**

The mailing address for this limited liability company is

Stepping Stones Therapy, LLC  
8115 Colonial Village Drive  
Apt# 106  
Tampa, Florida 33625

### **III. NAME AND ADDRESS OF REGISTERED AGENT**

The name and street address of the initial registered agent for service of process is as follows:

Sara Cox  
8115 Colonial Village Drive  
Apt# 106  
Tampa, Florida 33625

### **IV. STATEMENT OF MEMBER-MANAGEMENT**

The initial members shall be Sara Cox. Sara Cox shall serve as member-managers without any personal liability or obligation, individually or jointly and severally, to any other member or member-manager or to any creditor of this limited liability company. This limited liability company shall be a member-managed company. The primary address of each member is as follows:

Sara Cox  
8115 Colonial Village Drive  
Apt# 106  
Tampa, Florida 33625

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TALLAHASSEE, FLORIDA

## **V. PURPOSE OF LIMITED LIABILITY COMPANY**

The purpose of this limited liability company is to operate as a consultant for therapy and also to own and hold real and personal property as well as other forms of tangible and intangible property in the State of Florida and also to perform any and all duties lawfully permitted by these Articles of Organization and by the United States of America, by the State of Florida, pursuant to Chapter 608.401, Florida Statutes and/or by any other state in which the said limited liability shall be authorized to conduct or carry on business. This limited liability company shall receive, hold and invest funds within the sole and absolute discretion of the Members.

## **VI. POWERS**

This limited liability company shall have all of the powers that are set forth in Chapter 608.404, Florida Statutes. Provided however, that no manager or member or member-manager shall have any personal liability or obligation to any other member or creditor by reason of the execution of this document or by reason of the exercise of any of the powers provided for herein or provided in Chapter 608.401, et. seq., Florida Statutes.

## **VII. LIABILITY OF MEMBERS, MANAGERS**

No member, and no member-manager of this limited liability company, shall have or suffer any loss or damage or any liability for any action or cause of action permitted or occasioned by the actions or activities of this company. The interest of any member or of any member-manager shall not be subject to assignment nor to attachment by any creditor.

## **VIII. AUTHORIZED REPRESENTATIVE**

The authorized representatives of this limited liability company are Sara Cox. Provided however, that the acts or actions of the authorized representatives shall not subject any non-acting member or any member-manager or other party to this limited liability company, if any there be, to any individual or any joint and several liabilities for any reason whatsoever.

## **IX. NO JOINT AND SEVERAL LIABILITY**

No person named in these articles either individually or jointly as a member or as a member-manager or as an authorized representative or as the registered agent shall have any individual or any joint and several liability or liabilities for any of the acts or actions of this company or the acts or actions of any other person named herein. No person who may be appointed at some later date pursuant to the provisions of this document or pursuant to the Florida Limited Liability Company Act as member, member-manager, manager, authorized representative or as registered agent shall have any individual liability or any joint and several liability or liabilities for any acts or actions of this company or the acts or actions of any other person named herein. Any real property, personal property or intangible property of whatsoever kind, nature and description and no matter where situated, which may be owned as an estate by the entireties or joint tenancy by any member, member-manager, authorized representative or registered agent

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shall not be subject to any action, cause of action, liability, loss or damage by reason of the acts or actions of any other member, member-manager, authorized representative or registered agent.

IN WITNESS WHEREOF, THE UNDERSIGNED not individually, but as member-managers of Stepping Stones Therapy, L.L.C., a Florida limited liability company does set their hands and seals this 1<sup>st</sup> day of February, 2010

Sara Cox  
Sara Cox

#### ACCEPTANCE AND CERTIFICATION BY REGISTERED AGENT

Pursuant to Chapter 608.415(2) F.S. the undersigned, having been appointed as registered agent for service of process by these Articles of Organization hereby states that he has accepted his appointment as registered agent simultaneously with being appointed. The undersigned states that he is familiar with and accepts the obligations of the position of registered agent as provided for in Chapter 608 F.S.

Sara Cox  
Sara Cox

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TALLAHASSEE, FLORIDA