

L13000126291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-41037

Office Use Only



600249814946

07/19/13--01010--020 **125.00

EFFECTIVE DATE 09-01-13

FILED
2013 SEP -5 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 06 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COX & ASSOCIATES LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur J. Cox, Sr.,

Name of Person

Cox & Associates LLC

Firm/Company

13820 Old St. Augustine RD, Suite#113-221

Address

Jacksonville, FL 32258

City/State and Zip Code

arthurcox67@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur J. Cox, Sr.

Name of Person

at **904 378-6883**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Cox & Associates LLC~~ ^{ajc} Cox Behavioral Health Group LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

~~13820 Old St. Augustine Rd Suite #113-221~~

13720 OLD ST. AUGUSTINE RD
Ste. 8-221

Jax, FL 32258

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Arthur J. Cox, Sr.

Name

13720 OLD ST. AUGUSTINE RD Ste. 8-221
~~13820 Old St. Augustine Rd Suite #113-221~~

Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32258

FL

City, State, and Zip

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Arthur J. Cox Sr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Arthur J. Cox, Sr.

14628 Basilham LN

Jacksonville, FL 32258

Managing Member

Deloris M. Cox

14628 Basilham LN

Jacksonville, FL 32258

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: September 1, 2013. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Arthur J. Cox, Sr.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Arthur J. Cox, Sr.

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2013

ARTHUR J. COX, SR.
SUITE 113-221
JACKSONVILLE, FL 32258

SUBJECT: COX & ASSOCIATES LLC
Ref. Number: W13000041037

FILED
2013 SEP -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COX & ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000132589.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 613A00017691



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2013

ARTHUR J. COX, SR.
13820 OLD ST. AUGUSTINE ROAD
SUITE 113-221
JACKSONVILLE, FL 32258

SUBJECT: COX & ASSOCIATES LLC
Ref. Number: W13000041037

2013 SEP -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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Letter Number: 613A00017691