4/30/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001740573)))

		H210001740573ABC.		TALL		
Note: DO	NOT hit the REFRESI Doing so wil	H/RELOAD button		m this page.	## ## ## ## ## ## ## ## ## ## ## ## ##	
To:	Division of Corpora Fax Number : (i	., ations 850)617-6381		E. F. LORID;		<u> </u>
From:	Account Number : FO	614)280-3338	STEM	÷.		
	the email address fo nual report mailings.				2021	- 44
						ス。 1.
Em	ail Address:				2021 MAY -3	1. 1.
Em		LIMITED LIAB	ILITY CO.		-3 PH	1. 1.
Em					-3 PH	(T. 41.11D)
Em	FLORIDA I	man LCSW, Psy		13.6	_ပ်	1. 1.
Em	FLORIDA I Stephanie Kaufr	man LCSW, Psy	choanalyst LLC	1:	-3 PH	1. 1.
Em	FLORIDA I Stephanie Kaufr Certificate of Stat	man LCSW, Psydus	choanalyst LLC		-3 PH	1. 1.

Please keep file date 4/30/2021

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH MAY 4 2021

ARTICLES OF ORGANIZATION

STEPHANIE KAUFMAN LCSW, PSYCHOANALYST LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

STEPHANIE KAUFMAN LCSW, PSYCHOANALYST LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

8437 Tuttle Avenue Ste 225 Sarasota, Florida 34243

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Douglas A. Cherry Shumaker, Loop & Kendrick, LLP 240 South Pineapple Avenue 10th Floor Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: Name and Address:

Authorized Member Stephanie Kaufman

8437 Tuttle Avenue

Ste 225

Sarasota, Florida 34243

S

These Articles of Organization have been executed as of the 27 day of

Stephanie Kaufman

"AUTHORIZED MEMBER"

DocuSign Envelope ID: 0C16C3CD-D198-469A-B7F3-65FAFAAEE2FF

To: 18506176381

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

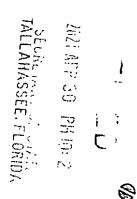
Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

STEPHANIE KAUFMAN LCSW, PSYCHOANALYST LLC

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

Douglas A. Cherry Shumaker, Loop & Kendrick, LLP 240 South Pineapple Avenue 10th Floor Sarasota, Florida 34236



From: James Tanks III

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _				
	4/30/2021	Douglas d. Cherry		
		13FASZZECAGDATO		
		Douglas A. Cherry		

"REGISTERED AGENT"