

To:

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From: David Griswold

C22000329523

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.
Cox Psychotherapy and Consultation LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Cox Psychotherapy and Consultation LLC**

ARTICLE I NAME

The name of the limited liability company is: Cox Psychotherapy and Consultation LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 1508 Venice Lane, Davenport, Florida 33896.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Jeffrey Cox, 1508 Venice Lane, Davenport, FL 33896. Located in the County of Polk.

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 605, F.S.

Signature:  Jeffrey Cox

Date: 7/26/2022

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Jeffrey Cox, 414 Aurora Drive, Egg Harbor Township, New Jersey 08234.

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Jeffrey Cox, Organizer

Date: 7/26/2022

Authorized Representative

(In accordance with section 605.0203 (1) (b), 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.)

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