1230004356

(Reque	estor's Name)	
(Addre	55)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	





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Month

... 12/21 -01/21 -011 **12/21

SECRETARY OF STATE

2023 JAN 12 PH 8: 0



COVER LETTER

Division of Corporations		
SUBJECT: The Cognitive Coach LLC		
	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
Doreen Bridgman		
(Contact Person)		
The Cognitive Coach LLC		
(Firm/Company)		
90 NW 3rd Ave		
(Address)		
Delray Beach FL 33444		
(City, State and Zip Code)		•
doreen@thecognitivecoach.net		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this mat	tter, please call:	
Doreen Bridgman	_at (977-7381
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the t	•	rocessed by this office must be payable in US
\$\\$\$\\$\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S180.00 Filing and Certified Copy	
Mailing Address:	<u>:</u>	Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
runusuooce, 1 L J2J17		Fallahassee, FL 32303

INHS11 (7/17)

Articles of Conversion

For

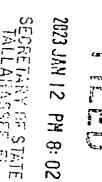
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florid Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: The Cognitive Coach LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
October 10, 2015
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The Cognitive Coach LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

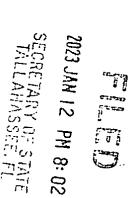


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Cognitive	Coach LLC	
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LI.C.")
ARTICLE I	I - Address:	
The mailing	address and street address of	the principal office of the Limited Liability Company is:
Principal O	ffice Address:	Mailing Address:
90 NW 3rd Av	venue	90 NW 3rd Avenue
Delray Beach		Delray Beach FL 33444
Karabana angkara	bility Company cannot serve as its ow	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
business entity	bility Company cannot serve as its ow with an active Florida registration.) d the Florida street address o	n Registered Agent. You must designate an individual or another
business entity	with an active Florida registration.)	n Registered Agent. You must designate an individual or another
business entity	with an active Florida registration.) d the Florida street address o	n Registered Agent. You must designate an individual or another
business entity	with an active Florida registration.) d the Florida street address o	m Registered Agent. You must designate an individual or another of the registered agent are:
business entity	with an active Florida registration.) d the Florida street address o Doreen Bridgman 90 NW 3rd Avenue	m Registered Agent. You must designate an individual or another of the registered agent are:
business entity	with an active Florida registration.) d the Florida street address o Doreen Bridgman 90 NW 3rd Avenue	n Registered Agent. You must designate an individual or another of the registered agent are: Name S (P.O. Box NOT acceptable)
business entity	with an active Florida registration.) d the Florida street address of Doreen Bridgman 90 NW 3rd Avenue Florida street address	n Registered Agent. You must designate an individual or another of the registered agent are: Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

HARAINON A L. L. L. L.	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Dorna A Bridana
- MIDIT	Doreen A Bridgman 90 NW 3rd Ave
	Delray Beach FL 33444
 	
	
Use attachment if necessary)	
Ose attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
EV: Other provisions, if any.	
JE V: Other provisions, if any.	
EV: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or as	n authorized representative of a member
EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or all This document is executed in accordance with the state of the state	n authorized representative of a member
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or all this document is executed in accordance with the state of the state	n authorized representative of a member
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.	n authorized representative of a member
Signature of a member or any false information submitted in a docume as provided for in s.817.155, F.S. Doreen A Bridgman	n authorized representative of a member ith section 605,0203 (1) (b). Florida Statutes, I am aware the to the Department of State constitutes a third degree felo
Signature of a member or at This document is executed in a docume as provided for in s.817.155, F.S. Doreen A Bridgman	n authorized representative of a member

23 JAN 12 PM 8: 02 CRETARY OF STATE

DEPARTMENT OF THE TREASURY

DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

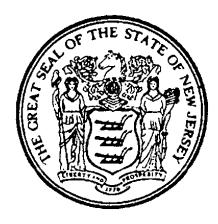
THE COGNITIVE COACH LLC 0450023111

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 10, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DOREEN BRIDGMAN 328 ACE DRIVE BELMAR, NJ 07719



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of December, 2022

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6138676250

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp