

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000016028
FILED 8:00 AM
January 08, 2025
Sec. Of State
rlrichardson

Article I

The name of the Limited Liability Company is:
BRIDGE THERAPY JACKSONVILLE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8833 PERIMETER PARK BLVD.
404
JACKSONVILLE, FL. 32216

The mailing address of the Limited Liability Company is:
7351 WILES ROAD
102
CORAL SPRINGS, FL. 33067

Article III

The name and Florida street address of the registered agent is:
BOTTOMLINE CONSULTING
10275 WEST SAMPLE ROAD
CORAL SPRINGS, FL. 33065

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.

Registered Agent Signature: SCOTT CAROTHERS, CPA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JASON NOVICK
8833 PERIMETER PARK BLVD. #404
JACKSONVILLE, FL. 32216

Title: MGR
SAMANTHA NOVICK
8833 PERIMETER PARK BLVD. #404
JACKSONVILLE, FL. 32216

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Signature of member or an authorized representative

Electronic Signature: JASON NOVICK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.