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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Michael Akpeke MD, PL

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Type of Document

☐ Certificate of Status

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	AMENDMENTS
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

ARTICLES OF ORGANIZATION
OF
MICHAEL AKPEKE MD, PL

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is MICHAEL AKPEKE MD, PL

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 8915 Latrec Avenue, # 209, Orlando, FL 33819.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 8915 Latrec Avenue, # 209, Orlando, FL 33819 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Michael Akpeke.

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FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Michael Akpeke (MGRM)
8915 Latrec Avenue, # 209
Orlando, FL 33819,

FIFTH: The Limited Liability Company is to be managed by the Member.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on August 15, 2006.

Michael Akpeke

CONSENT TO APPOINTMENT
BY REGISTERED AGENT

I, having been named as Registered Agent for MICHAEL AKPEKE MD, PL hereby voluntarily consent to serve as Registered Agent for MICHAEL AKPEKE MD, PL

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: August 15, 2006

Michael Akpeke

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