

Division of Corporations

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**L10000126085**

**Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BOND, SCHOENECK & KING, PLLC  
Account Number : I20010000122  
Phone : (239) 659-3800  
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Email Address: mtmarcum@gmail.com

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**FLORIDA LIMITED LIABILITY CO.  
MICHAEL MARCUM MD, PHD, PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
OF  
MICHAEL MARCUM MD, PHD, PLLC**

**ARTICLE I - NAME**

The name of the limited liability company is MICHAEL MARCUM MD, PHD, PLLC, (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is:

**Principal Office Address:**

800 Goodlette Rd N, Suite #270  
Naples, FL 34102

**Mailing Address:**

800 Goodlette Rd N, Suite #270  
Naples, FL 34102

**ARTICLE III - PURPOSE**

The Company is organized to offer professional services rendered by medical doctors within the meaning of § 621.03, Florida Statutes, and to do any and all things necessary, convenient, or incidental to that purpose.

**ARTICLE IV - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Dr. James Michael Marcum  
800 Goodlette Rd N, Suite #270  
Naples, FL 34102

*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 608, F.S..*

  
Dr. James Michael Marcum

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## ARTICLE V - MANAGING MEMBER

The name and address of the Managing Member is as follows:

Title:

Name and Address:

Managing Member (MGMR)

Dr. James Michael Marcum  
800 Goodlette Rd N, Suite #270  
Naples, FL 34102

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dr. James Michael Marcum

Typed or printed name of signer

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