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FLORIDA LIMITED LIABILITY CO.
MEDONE, PLLC

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MEDONE, PLLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

6600 SW HWY 200 #100-200
OCALA, FL 34476

The mailing address is:

6505 NW 81ST BLVD
GAINESVILLE, FL 32653

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

EDWARD LUCAS, MD
6505 NW 81ST BLVD
GAINESVILLE, FL 32653

Having been named as registered agent 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.

X 

EDWARD LUCAS, MD / Registered Agent's signature

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ARTICLE IV PURPOSE

The purpose for which the Limited Liability Company is organized is to render the professional service of medicine and to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE V MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE VI MEMBERS (optional)

MANAGING MEMBER
EDWARD LUCAS, MD
6505 NW 81ST BLVD
GAINESVILLE, FL 32653

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.....

X



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.

EDWARD LUCAS, MD