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January 23, 2014

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Julia Kate Markley, LCSW, PhD. LLC  
Our File No.: 2014-0035

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,

  
Victor J. Troiano

VJT/mph

Enclosures

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: JULIA KATE MARKLEY, LCSW, PhD.  
LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:

- a: Mailing Address: P.O. Box 2659, Lakeland, Florida 33806-2659  
b: Street Address: 3566 Ashling Drive, Lakeland, Florida 33803

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

\_\_\_\_\_  
Julia Kate Markley  
Name

\_\_\_\_\_  
3566 Ashling Drive  
Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, Florida 33803  
City, State and Zip

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*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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

- \_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.
- X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

**ARTICLE V –**

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

**Title:**


"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Julia Kate Markley  
P.O. Box 2659  
Lakeland, Florida 33806-2659

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Julia Kate Markley

Typed or printed name of signee

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