

10/2/2017

Division of Corporations

**L17000203180**

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FLORIDA LIMITED LIABILITY CO.

Zachary Wilkerson, DO, PLLC

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**ARTICLES OF ORGANIZATION  
OF  
ZACHARY WILKERSON, DO, PLLC**

The undersigned organizer, who is the authorized representative of Zachary Wilkerson, DO, PLLC (the "Company") under the Florida Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Organization:

**ARTICLE I - NAME**

The name of the Company is Zachary Wilkerson, PLLC

**ARTICLE II - PRINCIPAL OFFICE**

The street and mailing address of the principal office of the Company is 13979 Wild Hammock Trail, Jacksonville, Florida 32226.

**ARTICLE III - NATURE OF BUSINESS**

The purpose for which the Company is organized is to provide professional medical and healthcare services.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are Bethany Wilkerson, 13979 Wild Hammock Trail, Jacksonville, Florida 32226.

**ARTICLE V - MANAGEMENT**

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization this 24 day of September, 2017.

  
\_\_\_\_\_  
ZACHARY WILKERSON, D.O.

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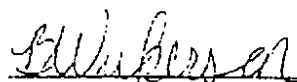
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, Zachary Wilkerson, DO, PLLC, a Florida Professional Limited Liability Company, submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is Zachary Wilkerson, DO, PLLC
2. The name and street address of the registered agent are Bethany Wilkerson, 13979 Wild Hammock Trail, Jacksonville, Florida 32226.

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, BETHANY WILKERSON, HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. BETHANY WILKERSON FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF HER DUTIES AND IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF HER POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 605, FLORIDA STATUTES.



Bethany Wilkerson

Date: 9/24, 2017

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