

L1400009953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

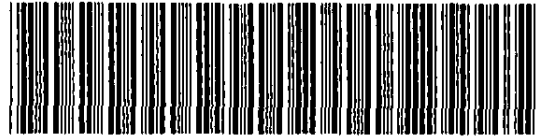
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
2014 JUN 13 PM 4:29
TO: FILING OFFICE
SUPERVISOR OF FILING

FILED
2014 JUN 13 AM 11:07
CLERK OF SUPERIOR COURT
STATE OF CONNECTICUT

JUN 16 2014

J. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 176804 7509084

AUTHORIZATION :

COST LIMIT : \$ 125

Spudde man

ORDER DATE : June 13, 2014

ORDER TIME : 3:0 PM

ORDER NO. : 176804-005

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: CLODEVIL EMERGENCY EMERGENCY
PHYSICIANS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
JULY 17 10 55 AM '14
TALLAHASSEE, FLORIDA

2014 JUN 13 AM 11:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloudevil Emergency Physicians, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evolution Health Care - Attn: Legal Department

Name of Person

Firm/Company

6200 S. Syracuse Way, Suite 200,

Address

Greenwood Village, CO 80111

City/State and Zip Code

Lynn.liko@evhc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Ratton 303 495-1217
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cloudevil Emergency Emergency Physicians, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111

6200 S. Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Legal Department

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City Zip

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.

Corporation Service Company

By:



Harry B. Davis
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
Member

Name and Address:
EHRA Medical Services of Florida, LLC
6200 S. Syracuse Way, Ste. 200
Greenwood Village, CO 80111

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: upon filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

none

REQUIRED SIGNATURE:

* Terry Meadows *

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Terry Meadows, M.D. - authorized signer
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2014 JUN 13 AM 11:07
DEPARTMENT OF STATE
HALLWAY
TALLAHASSEE FLORIDA