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VARIENTOF CONTRACTOR

K.SALY EXAMINER FEB 1 3 2015

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 501323 7509084 AUTHORIZATION : COST LIMIT : ORDER DATE: February 12, 2015 ORDER TIME : 3:20 PM ORDER NO. : 501323-005 CUSTOMER NO: 7509084 DOMESTIC FILING NAME: DOUBLET PEAK EMERGENCY PHYSICIANS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams - EXT. 62935

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Doublet Peak Emergency Physicians, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn 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 furtl	her information concerning this matter, please call:
Robyn	Ratton 303 495-1217
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$ 125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited	Liability Company is:		<u> 1</u>
Doublet Peak Emerger	ncy Physicians 11 C		SEE SEE
		"Limited Liability Company, "L.L.C	C.," or "LLC.")
			10 m
ARTICLE II - Address: The mailing address and		incipal office of the Limited Liabili	ty Company is:
			62
Principal Office Addres	<u>s:</u>	Mailing Address:	
6200 S. Syracuse Way		6200 S. Syracuse Wa	
Greenwood Village, CO	2 80111	Greenwood Village, 0	
		Attn: Legal Departme	<u>ent</u>
another business entity was the name and the Florida	vith an active Florida re	egistered agent are:	ist designate an individual or
_		Name	
1	201 Hays Street		
Ī	Florida street address (P.O. Box NOT acceptable)	
7	Tallahassee	_{FL} 32301	
	City	Zip	
the place designated is capacity. I further agre of my duties, and I am	n this certificate, I here e to comply with the pre familiar with and acce Corporation Servic By:	by accept the appointment as registe ovisions of all statutes relating to the pt the obligations of my position as received Chapter 605, F.S	e proper and complete performance

(CONTINUED)

Page 1 of 2

<u> Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
Member	EHRA Medical Services of Florida, LLC 6200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111
	6200 S. Syracuse Way, Ste. 200
	Greenwood Village, CO 80111
	The state of the s
	
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	in.

V: Effective date, if other than the date of tive date is listed, the date must be spec-	of filing: <u>upon filing</u> (OPTIONAL) eific and caunot be more than five business days prior to or 90 days at
V: Effective date, if other than the date of ctive date is listed, the date must be spec filling.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be spec f filing.)	
(Use attachment if necessary) E V: Effective date, if other than the date of certive date is listed, the date must be specificing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
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V: Effective date, if other than the date of tive date is listed, the date must be specifing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a them (in accordance with section 6)	the or an authorized representative of a member.
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E V: Effective date, if other than the date of certive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of scheme (In accordance with section 60 constitutes an affirmation und 1 am aware that any false inforcenstitutes a third degree felo	where or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, armation submitted in a document to the Department of State any as provided for in s.817.155, F.S.) M.D authorized signer

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