

L12 0000 18374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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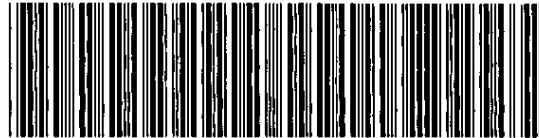
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
12 FEB - 7 PM 4:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2012 FEB - 7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 8 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 088030 7509084

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : February 7, 2012

ORDER TIME : 4:05 PM

ORDER NO. : 088030-020

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: ATLANTIC ISLES INPATIENT
SERVICES, 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

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS:

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CLERK OF STATE
TALLAHASSEE FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Isles Inpatient Services, 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:

Heather Banks
Name of Person

Emsc
Firm/Company

6200 S. Syracuse Way, Suite 200
Address

Greenwood Village, CO 80111
City/State and Zip Code

heather.banks@emsc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Banks at (303) 495-1607
Name of Person 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic Isles Inpatient Services, 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:

1800 SE Tiffany Ave.
Port St. Lucie, FL 34959

Mailing Address:

1600 S. Syracuse Way
Suite 200
Greenwood Village, CO 80111

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

101 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301
City, State, and 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 608, F.S.

Becky Peirce
Registered Agent's Signature (REQUIRED)

Becky Peirce
Asst. Vice President

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

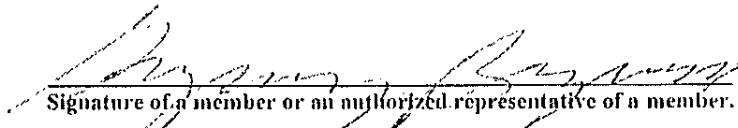
Gregory J. Byrne, M.D.
6205 S. Syracuse Loop, Suite 100
Greenwood Village, CO 80111

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of 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.)

REQUIRED SIGNATURE:


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. 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.)

Gregory J. Byrne, M.D.

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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