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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 2 3 2013 B. BRUCE



ACCOUNT NO. : I2000000195 REFERENCE: 851472 AUTHORIZATION : Omels COST LIMIT ORDER DATE: October 18, 2013 ORDER TIME : 5:19 PM ORDER NO. : 851472-035 CUSTOMER NO: 7509084 DOMESTIC AMENDMENT FILING NAME: BRADEN ER SVCS PARTNERSHIP EFFECTIVE DATE: XX CERTIFICATE OF CONVERSION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY _ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight -- EXT# 52956

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Braden ER Svcs Partnership
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a General Partnership (A13000) 4(6). (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 10-21-2013 (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws
which it is now organized, formed or incorporated: N/A 27 28 27 28 28 28 28 28 28 28
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of FD
Braden ER Svcs Partnership, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 10 d	lay of October	20 <u>13</u> .	
Signature of Member	or Authorized Rep	resentative of Limited Liability Com	tpany:
		ated in this document are true. Any fal	se information.
,		ed for in s.817.155, F.S.	na a'
Signature of Member or	Authorized Repres	entative:	
Printed Name: Joseph F	I. Gatewood, M.D	Title: President	
Signaturals) on habolf of	of Other Rusiness T	ntity: Individual(s) signing affirm(s) t	hat the facts stated in
this document are true.	Any false informa	ion constitutes a third degree felony as	
s.817.155, F.S. [See belo	w for required sigi	pature(s).]	-
Signature:	Charles To	Mer-mi	
Printed Name: Joseph H. G	atewood, M.D.	Title: President	
a :			
Signature:		Title:	
a company of the second			
Signature:		Title:	······································
Printed Name:		Title:	
Signature:			
Printed Name:			
'Signature'			
Printed Name:		Title:	·
			
Signature:		Title:	
1., 11, 1000 1 100110			
If Florida Corporation:	rri da e e e e	0.55	
Signature of Chairman, V		ctor, or Officer: d, an Incorporator must sign.	
II Directors of Officers in	ave not been selecte	a, an moorpotator mast sign.	
If Florida General Parts		Liability Partnership:	85 - U
Signature of one General	Partner.		69
If Florida Limited Parti	nership or Limited	Liability Limited Partnership:	***
Signatures of ALL Gener			
All others:			
Signature of an authorize	d,person.		
_	•		
<u>Fees:</u>			
Certificate of Conversio	n:	\$25.00.	
Fees for Florida Articles	of Organization:	\$125.00	
Certified Copy:		\$30.00 (Optional)	
Certificate of Status:		\$5.00 (Optional)	

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ÁRTICLES OF ORGANIZÁTION FOR FLORIDA LIMITED LÍABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Braden ER Sycs Partnership 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, Ste. 200 6200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111 Greenwood Village, CO 80111 attn: Legal Dept 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 St. Florida street address (P.O. Box NOT acceptable) Tallahassee :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

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.

Carol Dolor, Assistant VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r [.]
MGRM	JH Gatewood Emergency Physicians, PA 6200 S. Sryacuse Way, Ste. 200
	Greenwood Village, CO 80111
	Sistematical vinage, de de l'i
MGRM	GES: Account Management, Inc.,
<u> </u>	6200 S. Syracuse Way, Ste. 200
	Greenwood Village, CO'80111
	AND
	
(Use attachment if necessary)	
to or 90 days after the date of fil REQUIRED SIGNATURE:	····g.,)
REQUIRED SIGNATURE:	
<i>,</i>	
\leq	and State of the s
Signature, of a	member or an authorized representative of a member.
constitutes an affirmatio	tion 608.408(3), Florida Statutes, the execution of this documents on under the penalties of perjury that the facts stated herein are true!
	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
Joseph H. Ga	e information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
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Joseph H. Ga Filing Fees:	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
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