

L14000067431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200259050412

2014 APR 24 AM 11:47
INVESTIGATIVE
SUFFICIENT OF FILING

2014 APR 24 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER

APR 25 2014



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 095804 7509084

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : April 15, 2014

ORDER TIME : 9:54 AM

ORDER NO. : 095804-005

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: JUNCO 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

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

CSC
JUNCO EMERGENCY PHYSICIANS, LLC
SUSIE KNIGHT

SUBJECT: JUNCO EMERGENCY PHYSICIANS, LLC
Ref. Number: W14000024065

We have received your document for JUNCO EMERGENCY PHYSICIANS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00008135

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUNCO 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:

KAREN WOODWARD

Name of Person

JUNCO EMERGENCY PHYSICIANS LLC

Firm/Company

6200 S SYRACUSE WAY STE 200

Address

GREENWOOD VILLAGE CO 80111

City/State and Zip Code

legal@amr.net

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

For further information concerning this matter, please call:

KAREN WOODWARD

303

495-1240

at ()

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JUNCO 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:

6001 WEBB ROAD
TAMPA BAY, FL 33615

6200 S SYRACUSE WAY STE 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

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: 

Sue G. Knight
Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 APR 24 AM 10:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOSEPH H. GATEWOOD, M.D.

6200 S SYRACUSE WAY STE 200

GREENWOOD VILLAGE CO 80111

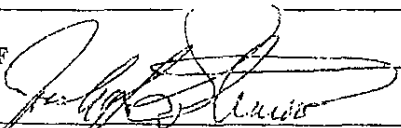
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE


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.)

JOSEPH H. GATEWOOD 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)