

L14000095399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

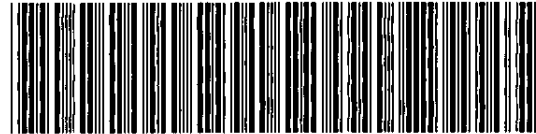
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN 12 AM 10:47
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. Cullen

JUN 13 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 173617 7509084

AUTHORIZATION :

A handwritten signature in cursive script, appearing to read "Lynne A. ...", is written over the authorization line.

COST LIMIT : \$ 125.00

ORDER DATE : June 11, 2014

ORDER TIME : 4:43 PM

ORDER NO. : 173617-015

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: BONA 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: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bona 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:

Robyn Ratton - Legal Department

Name of Person

Evolution Health Care

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2014

CSC
EMILY GRAY

SUBJECT: BONA EMERGENCY PHYSICANS, LLC
Ref. Number: W14000036777

RESUBMIT
Please give original
submission date as file date.

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

The cover sheet does not match the name in Articles.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 514A00012830

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bona 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, Ste. 200
Greenwood Village, CO 80111

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: Emily Gray Asst VP
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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)

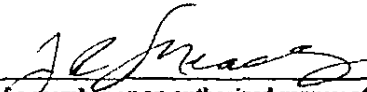
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

none

REQUIRED SIGNATURE:

*



*

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)

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STATE
TALLAHASSEE, FLORIDA