

L1400019490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

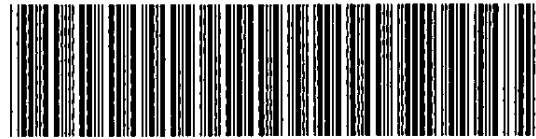
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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TO AGENTS PLEASE  
SUBMIT IN ORDER OF FILING

2014 JUN 24 14:05:51

RECEIVED  
JUN 24 2014

2014 JUN 24 14:05:51

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JUN 24 2014

B. BOSTICK  
JUN 25 2014  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 189789 7509084

AUTHORIZATION :

COST LIMIT \$ 125.00

ORDER DATE : June 23, 2014

ORDER TIME : 8:51 AM

ORDER NO. : 189789-005

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: QUANDRY PEAK 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: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

800.471.1211  
JUN 24 2014  
10:00 AM  
JUN 24 2014  
10:00 AM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Quandry Peak 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:

Robyn Ratton

Name of Person

Evolution HealthCare attn: Legal Department

Firm/Company

6200 S. Syracuse Way, Suite 200-#166

Address

Greenwood Village, CO 80111

City/State and Zip Code

robyn.elliott-Ratton@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, <sup>15</sup>  
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:

Quandary Peak 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:

Mailing Address:

6200 S. Syracuse Way, Suite 200  
Greenwood Village, CO 80111

6200 S. Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
attn: Legal Department

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)

**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:

Florida IPS Medical Services, 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)

FILED  
MAR 24 10 08  
800 V 1211133