

#L14000109719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

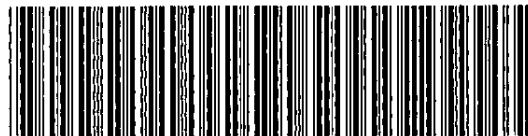
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TO BE FILED
SUFFICIENCY OF FILING

2014 JUL 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 10 AM 9:22

FILED

K. SALY
EXAMINER

JUL 11 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 210163 7509084

AUTHORIZATION :

Lyndee Clemon

COST LIMIT : \$ 125.00

ORDER DATE : July 10, 2014

ORDER TIME : 8:48 AM

ORDER NO. : 210163-025

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: SUNAPEE 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: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunapee 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

Envision HealthCare attn: Legal Department
Firm/Company

6200 S. Syracuse Way, Suite 200
Address

Greenwood Village, CO 80111
City/State and Zip Code

lynne.liko@evhc.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Ratton at (303) 495-1217
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Sunapee 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, Ste. 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
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..

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

(CONTINUED)

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TALLAHASSEE, FLORIDA

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)

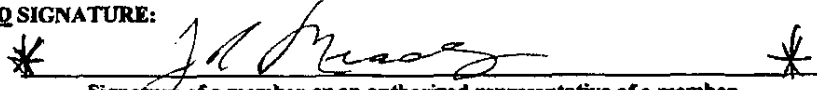
ARTICLE V: Effective date, if other than the date of filing: upon filing (OPTIONAL)

(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)