

L15000146563

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 SEP -1 PM 3:09  
TO: ACCOUNTING  
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP -1 AM 9:00

SEP 02 2015  
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 770162 7509084

AUTHORIZATION :

*Squidella*

COST LIMIT : \$ 125.00

ORDER DATE : September 1, 2015

ORDER TIME : 1:07 PM

ORDER NO. : 770162-050

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: SUMMIT 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: Melissa Zender - EXT. 62956

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Summit 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:

AbbyMarie J. Rohr - Legal Dept.

Name of Person

Envision Healthcare Corp

Firm/Company

6200 S. Syracuse Way, Suite 200

Address

Greenwood Village, Colorado 80111

City/State and Zip Code

AbbyMarie.Rohr@evhc.net

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

For further information concerning this matter, please call:

AbbyMarie J. Rohr

303

334-2515

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

Summit 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:

6200 S. Syracuse Way

Suite 200

Greenwood Village, Colorado 80111

Mailing Address:

6200 S. Syracuse Way

Suite 200

Greenwood Village, Colorado 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

State

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: M. Zender

Registered Agent's Signature (REQUIRED)

**Melissa Zender**  
**Asst. Vice President**

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP - 1 AM 9:00

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

J.H. Gatewood Emergency Services, P.A.

6200 S. Syracuse Way, Suite 200

Greenwood Village, Colorado 80111

MGR

Joseph H. Gatewood, M.D.

6200 S. Syracuse Way, Suite 200

Greenwood Village, Colorado 80111

(Use attachment if necessary)

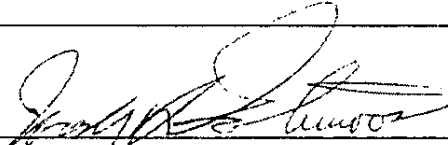
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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., Manager

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP -1 AM 9:00