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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
WEH/DEA SOUTH FL. LP

Certificate of Status	0
Certified Copy	0
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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. WEH/DEA South FL LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or LLLP.

2. 379 Regatta Drive, Jupiter, Florida 33477

(Street address of initial designated office)

3. Warren E. Halle

(Name of Registered Agent for Service of Process)

4. 379 Regatta Drive, Jupiter, Florida 33477

(Florida street address for Registered Agent)

5. 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 relative to the proper and complete performance of my duties
and I am familiar with and accept the obligations of my position as registered agent.

By: X Warren E. Halle

Signature of Registered Agent Warren E. Halle

6. 379 Regatta Drive, Jupiter, Florida 33477

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:Business Address:WEH Florida Associates, Inc.379 Regatta DriveJupiter, FL 33477P09-91729

9. Effective date, if other than the date of filing:

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 6th day of July, 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

WEH Florida Associates, Inc.General PartnerBy: [Signature]Stephen N. Fleischman,
Vice President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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