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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 791147 81491A

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
04 JUL -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 6, 2004

ORDER TIME : 10:41 AM

ORDER NO. : 791147-010

CUSTOMER NO: 81491A

CUSTOMER: Mark H. Dahlmeier, Esq
Jones Foster Johnston & Stubbs

Suite 1100
505 South Flagler Drive
West Palm Beach, FL 33401

File 2nd

DOMESTIC FILING

NAME: WOOLBRIGHT MDP, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**CERTIFICATE OF LIMITED PARTNERSHIP
OF WOOLBRIGHT MDP, LTD.**

FILED
04 JUL - 8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the Limited Partnership is Woolbright MDP, Ltd.

The address of the Limited Partnership's office is c/o Woolbright 17 Florida, Inc., 3200 North Military Trail, 4th Floor, Boca Raton, Florida 33431.

The name and address of the agent for service of process is Peter S. Holton, 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401.

The name and business address of the general partner is Woolbright 17 Florida, Inc., 3200 North Military Trail, 4th Floor, Boca Raton, Florida 33431.

A mailing address for the Limited Partnership is c/o Woolbright 17 Florida, Inc., 3200 North Military Trail, 4th Floor, Boca Raton, Florida 33431.

The Limited Partnership shall be formed as of the date of filing hereof.

The latest date upon which the Limited Partnership is to dissolve is December 31, 2049.

This Certificate of Limited Partnership of Woolbright MDP, Ltd., has been executed on the 2nd day of July, 2004. By such execution, the general partner whose signature is set forth below hereby affirms, under penalty of perjury, that the facts stated herein are true.

GENERAL PARTNER:

WOOLBRIGHT 17 FLORIDA, INC.,
a Florida corporation

By: 

Name: Peter S. Holton

Its: Vice President

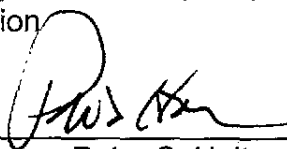
AFFIDAVIT

The undersigned, as general partner of Woolbright MDP, Ltd., pursuant to Section 620.108(1), *Florida Statutes*, hereby attests to the following:

1. The Contribution of the initial limited partners of Woolbright MDP, Ltd. is \$10,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners of Woolbright MDP, Ltd. is \$10,000.00.
3. By its execution, the general partner whose signature is set forth below, hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER:

Woolbright 17 Florida, Inc., a Florida corporation


By: 
Name: Peter S. Holton
Title: Vice President

STATE OF FLORIDA

COUNTY OF PALM BEACH

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, the foregoing instrument was sworn to, subscribed and acknowledged before me this 2nd day of July, 2004, by Peter S. Holton, as Vice President of Woolbright 17 Florida, Inc., a Florida corporation, freely and voluntarily under authority duly vested in him by said corporation, and he is personally known to me.

(Notary Seal)


Notary Name: _____
Commission No.: _____



Mark H. Dahlmeier
MY COMMISSION # DD052298 EXPIRES
August 22, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

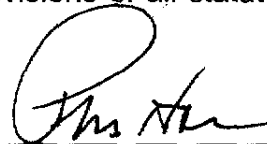
**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, *Florida Statutes*, the following is submitted in compliance with said Act:

That WOOLBRIGHT MDP, LTD., desiring to organize as a limited partnership under the laws of the State of Florida, has named Peter S. Holton, located at the Registered Office of the limited partnership at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Peter S. Holton, Registered Agent