

A06 000001441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

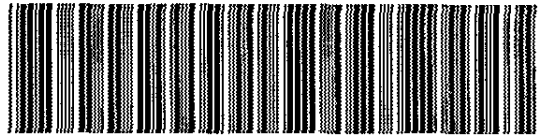
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Park M.O.B. I, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Victor S. Kostro

(Contact Person)

Health First, Inc.

(Firm/Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Victor S. Kostro

(Name of Contact Person)

at ( 321 ) 434-4355

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,  
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status Certificate of Status  
Fee)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

CR2E030 (01/06)

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

1. Health Park M.O.B. I, LLLP

(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. 6450 US Highway 1

(Street address of initial designated office)

Rockledge FL 32955

3. David E. Mathias

(Name of Registered Agent for Service of Process)

4. 6450 US Highway 1

(Florida street address for Registered Agent)

Rockledge FL 32955

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.*



Signature of Registered Agent

6. 6450 US Highway 1

(Mailing address of initial designated office)

Rockledge FL 32955

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

8. Name and business address of each general partner:

Name:

Business Address:

Viera M.O.B. I, LLC

6450 US Highway 1

Rockledge, FL 32955

LDL- 1015-49

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TALLAHASSEE, FLORIDA

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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 26th day of NOVEMBER, 2006

Signature of each general partner:

Jerry Senne

JERRY SENNE, SECRETARY

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75