

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

FLORIDA/FOREIGN LP/LLLP



WHS Investment Partnership, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

AUG 2 7 2008

EXAMINER

8/25/2008 2:49 PM

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

١.	WHS	Investment	Partnershi	p, Ltd	,
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(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.

2.1200 Scenic Gulf Drive, Suite B

(Street address of initial designated office)

Miramar Beach, Florida 32550

3. William H. Smith

(Name of Registered Agent for Service of Process)

4. 1200 Scenic Gulf Drive, Suite B

(Florida street address for Registered Agent)

Miramar Beach, Florida 32550

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

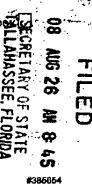
6,1200 Scenic Gulf Drive, Suite B

(Mailing address of initial designated office)

Miramar Beach, Florida 32550

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

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Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.0 \$52.50 \$8.75 Page 2	0 (\$965 Filin	g Pee and \$35	Registere	d Agen	t Fee)	,	
By: Julie L. Lawson, President		·						
WHS MANAGEMENT, INC.	_					·		
Signature of each general partner:						٠		
Signed this day of	of Augu	ust		2008	,			
(Effective date cannot be prior to n filed by the Florida Department of .	or more th State.)	an 90 days	after the da	te the do	cumen	ıt is		
9. Effective date, if other than the date of filing:								
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WHS Management, Inc		1200 Scenic Gulf Drive, Suite B						
Name:		Business A	<u>ldress;</u>					
8. Name and business address of e	ach genera	il partner:						