A13000000521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 SEP 17 AM 10: 53

FILED
13 SEP 16 AM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 806749 7569274

AUTHORIZATION :

COST LIMIT : $ 1000.00

ORDER DATE : September 17, 2013

ORDER TIME : 10:07 AM **PLEASE FILE 2ND**
GP IS FILE 1ST***

ORDER NO. : 806749-010

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: CHARLOTTE VA HEALTHCARE WEH LP

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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

1. Charlotte VA Healthcare WEH 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, FL 33477
(Street address of initial designated office)

3. Warren E. Halle
(Name of Registered Agent for Service of Process)

4. 379 Regatta Drive, Jupiter, FL 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.*

x Warren E. Halle
Signature of Registered Agent

6. 379 Regatta Drive, Jupiter, FL 33477
(Mailing address of initial designated office)

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:
WEH Associates, Inc.	379 Regatta Drive
	Jupiter, FL 33477

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 17th day of September, 2013.

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 for in s.817.155, F.S.

WEH Associates, Inc., General Partner

By: Warren E. Halle

Warren E. Halle, President

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75

FILED
13 SEP 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA