

A14000000146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

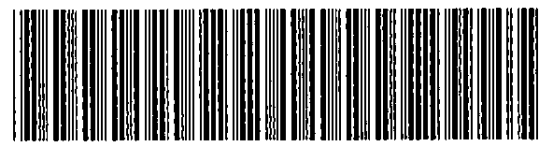
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
14 MAR 13 PM 11: 59

FILED
14 MAR 13 AM 10: 39
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2014

T. BROWN

Charter Number Only

3/12/14

Mutter Chavez Josepher Rubin
Requestor's Name
 2101 NW Corporate Blvd
Address
 Boca Raton, FL 33431
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Dean/Carson WMSPT II, LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <u>LLLP Filing</u> |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
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CR2E031 (R8-85)



Empire Toll Free: 1-800-432-3028

FILED
 14 MAR 13 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

FILED
14 MAR 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DEAN/CARSON WMSPT II, 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. 9100 South Dadeland Blvd., Suite 1600

(Street address of initial designated office)

Miami, FL 33156

3. Richard A. Josepher

(Name of Registered Agent for Service of Process)

4. 2101 Corporate Blvd., Suite 107

(Florida street address for Registered Agent)

Boca Raton, FL 33431

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. 9100 South Dadeland Blvd., Suite 1600

(Mailing address of initial designated office)

Miami, FL 33156

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:

WMSPT GP, LLC

9100 S. Dadeland Blvd., Suite 1600

Miami, FL 33156

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 11 day of March, 2014.

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.

Richard A. Josepher, Power of Attorney for
General Partner, WMSPT, GP, LLC

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75