

A15000000014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

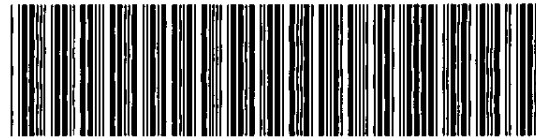
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700265725557

RECEIVED
DEPARTMENT OF STATE
15 JAN -7 AM 10:48

FILED
15 JAN -7 PM 12:46
DEPT. OF STATE

JAN 08 2015
S. YOUNG

ACCOUNT NO. : I20000000195

REFERENCE : 450447 7569274

AUTHORIZATION :

COST LIMIT : \$ 1,000.00

ORDER DATE : January 6, 2015

ORDER TIME : 9:09 AM

ORDER NO. : 450447-005

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: BUTLER 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: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

FILED
15 JAN -7 11:26
2015

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

1. Butler 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 LLP.*

2. 379 Regatta Drive, Jupiter, FL 33477

(Street address of initial designated office)

3. Corporation Service Company

(Name of Registered Agent for Service of Process)

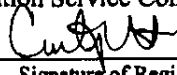
4. 1201 Hays Street Tallahassee, FL 32301

(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.*

Corporation Service Company

By:



Signature of Registered Agent

Courtney Williams
Asst. Vice President

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:

15 JUN -7 10:46
FILED

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 6th day of January, 2015

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.

By:

Stephen N. Fischler
Vice 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