

A15000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

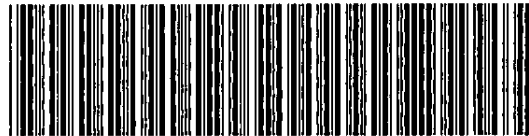
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TALLAHASSEE, FLORIDA

JAN 12 2015

T. HAMPTON

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please *

ACCOUNT NO. : I20000000195

REFERENCE : 454065 7569274

AUTHORIZATION :

[Signature]

COST LIMIT : \$1,000.00

ORDER DATE : January 9, 2015

ORDER TIME : 9:28 AM

ORDER NO. : 454065-010

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: GALAXY BUTLER HEALTHCARE 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: _____

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

1. Galaxy Butler Healthcare 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. 4501 Gulf Shore Blvd., North, PH 1503

(Street address of initial designated office)

Naples, Florida 34103

3. Andrew J. Czekaj

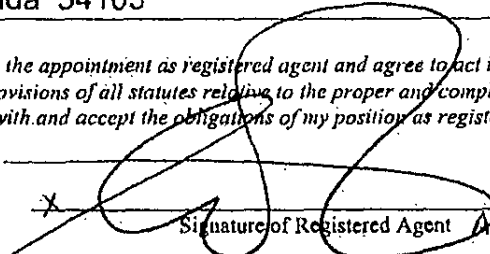
(Name of Registered Agent for Service of Process)

4. 4501 Gulf Shore Blvd. North, PH 1503

(Florida street address for Registered Agent)

Naples, Florida 34103

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 relating 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

Signature of Registered Agent Andrew J. Czekaj

6. 4501 Gulf Shore Blvd. North, PH 1503

(Mailing address of initial designated office)

Naples, Florida 34103

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:

Galaxy Butler Healthcare GP, Inc.

4501 Gulf Shore Blvd. North,

PI5-2541

PH 1503

Naples, FL 34103

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 _____ 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.

Galaxy Butler Healthcare GP, Inc.

General Partner

By:

Andrew J. Czekaj,
President

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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