

A15000000130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

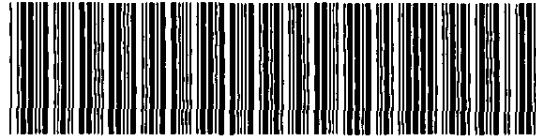
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 23 PM 4:38

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FILED

2015 FEB 23 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Al Gulligan FEB 24 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 512008 7569274

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : February 23, 2015

ORDER TIME : 3:11 PM

ORDER NO. : 512008-005

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: FLORIDA LAB 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: _____

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2015 FEB 23 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Florida Lab 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.P.
or LLLP.

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

Emily Gray

By:

Emily Gray
Signature of Registered Agent

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

8. Name and business address of each general partner:

Name:

Business Address:

WEH Associates, Inc.

379 Regatta Drive

P13-16584

Jupiter, FL 33477

FILED
2015 FEB 23 AM 10:12
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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 23 day of February, 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: Warren E. Halle

WARREN E. HALLE

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75