

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0391 FAX

800-342-8086



A95000000933

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 21 PM 12:26

ACCOUNT NO. : 072100000032

REFERENCE : 623663 83930A

AUTHORIZATION :

COST LIMIT : 0

700001502057
08/29/95-01072-007
***5512.50 ***1037.50

ORDER DATE : June 21, 1995

ORDER TIME : 10:30 AM

ORDER NO. : 623663

CUSTOMER NO: 83930A

CUSTOMER: Ms. Linda Lacertosa
FRAZIER HOTTE & ASSOCIATES, PA

Suite 826
2400 East Commercial Boulevard
Ft. Lauderdale, FL 33308

G. TAX	
FILING	1,750.00
A. AGENT FEE	35.00
A. COPY	52.50
TOTAL	1,837.50
A. BANK	
BALANCE DUE	
REMARK	

DOMESTIC FILING

RUSH W/W

NAME: WELLEY CENTER, LTD.

*Rush
will wait*

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

*6/21/95
DL*

CERTIFICATE OF LIMITED PARTNERSHIP OF
WELLEBY CENTER, LTD.

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State, State of Florida, this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is WELLEBY CENTER, LTD.

2. The address of the office in the State of Florida at which will be kept the records of the Partnership required to be maintained by 620.106 of the Florida Revised Uniform Limited Partnership Act (1986) ("Act") is:

8890 West Oakland Park Boulevard
Suite 201
Fort Lauderdale, Florida 33351

3. The name and address of the agent for service of process required to be maintained by 620.105(2) of the Act is:

Echion U.S.A., Inc., a Florida corporation
8890 West Oakland Park Boulevard
Suite 201
Fort Lauderdale, Florida 33351

4. The name and business address of the sole General Partner of the Partnership is as follows:

<u>GENERAL PARTNER</u>	<u>BUSINESS ADDRESS</u>
Echion U.S.A., Inc.	8890 W. Oakland Park Boulevard Suite 201 Fort Lauderdale, Florida 33351
M89 579	

5. The mailing address for the Partnership is as follows:

8890 West Oakland Park Boulevard
Suite 201
Fort Lauderdale, Florida 33351

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 2:22

6. The latest date upon which the Partnership is to dissolve is January 1, 2030, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, the undersigned, being the ^{5 PM 21 PM 12-96} General Partner of WELLEBY CENTER, LTD. has hereunto subscribed his hand and seal to this Certificate dated this 20 day of June, 1995.

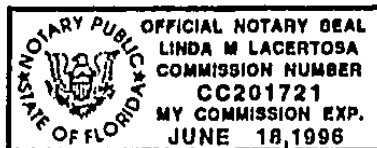
GENERAL PARTNER:

Echlon U.S.A., Inc., a Florida corp.

By: [Signature]
DANIEL HOTTE, PRESIDENT

Subscribed and sworn to before me this 20 day of June, 1995 by Daniel Hotte, as President of Echlon U.S.A., Inc., who is personally known to me.

[Signature]
Notary Public-State of Florida



ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN CERTIFICATE OF LIMITED PARTNERSHIP
WELLEBY CENTER, LTD.

FILED STATE
SECRETARY OF CORPORATIONS
95 JUN 21 PM 12:26

The undersigned, Director of ECHION U.S.A., INC.,
Florida corporation, having a place of business at 8890 West
Oakland Park Boulevard, Suite 201, Fort Lauderdale, Florida 33351
and having been designated as the Registered Agent in the
Certificate of Limited Partnership of Welleby Center, Ltd., am
familiar with and accept the obligations of the position of
Registered Agent of WELLEBY CENTER, LTD., under Chapter 620,
Florida Statutes.

ECHION U.S.A., INC., a Florida
corporation

By: 
Daniel Hotte, President and
Director

AFFIDAVIT DECLARING AMOUNT OF
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERSHIP OF
WELLEBY CENTER, LTD.

SECRET
DIVISION
95 JUN 21 PM 12:26

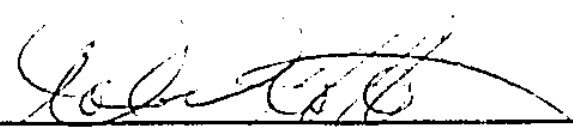
STATE OF FLORIDA)
 : 88
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared DANIEL HOTTE, as president of ECHION U.S.A., INC., a Florida corporation, sole General Partner of WELLEBY CENTER, LTD. ("Partnership"), a Florida limited partnership, who, being first duly sworn, states as follows:

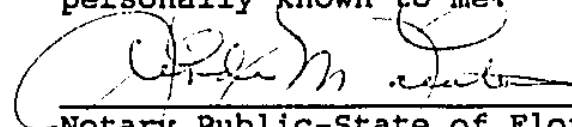
The Limited Partners' contributions to the Partnership total Six Hundred and Fifty Thousand (\$650,000.00) Dollars at this time and no future contributions of limited partners are to be anticipated.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State, State of Florida, along with the Certificate of Limited Partnership.

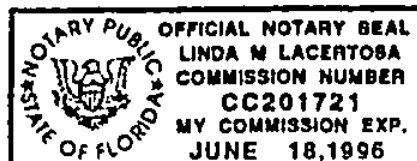
GENERAL PARTNER:
ECHION U.S.A., INC., a Florida
corporation

By: 
DANIEL HOTTE, President

Subscribed and sworn to before
me this 30 day of June,
1995 by Daniel Hotte, as President
of Echion U.S.A., Inc., who is
personally known to me.


Notary Public-State of Florida

temp\daniel\welleby\capcont.lp



**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra M. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 19 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPOSE WHILE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000933

WELLEBY CENTER, LTD.

2. New Mailing Address, if Applicable

State, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

State, Apt. # etc.

City, State & Zip

300001696463
-01/24/95--01035--006
*****576.25 ***576.25**

3. Date Formed or Registered to Do Business in
FLORIDA 06/21/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$650,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

65-0589522

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

**\$0.25 Additional Fee required
for a Certificate of Status**

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

ECHION U.S.A., INC.
8890 WEST OAKLAND PARK BLVD., SUITE 201
FORT LAUDERDALE FL 33351

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registry/
Document Number

ECHION U.S.A., INC.

8890 WEST OAKLAND PAR

FORT LAUDERDALE FL 33

M89579

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I solemnly certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 229.07(1)(b), Florida Statutes. I release the Division of Corporations from any liability for dissemination of this information. I further certify that the information indicated on this annual report is true and correct, and that the signature(s) on the same legal effect(s) as a declaration under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Section 620.102 Florida Statutes.

SIGNATURE

Type or Printed Name of General Partner Signing Form

Daniel Halk

DATE

Telephone Number

10/1/95
305 749 8990

CR2E003 (6/95)