

A96000001239

94.50

P.O. Box 11371  
Address

Tallahassee FL 32302  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 West Hagen Associates, Ltd.  
(Corporation Name) (Document #)

2 (Corporation Name) (Document #)

3 (Corporation Name) (Document #)

4 (Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Stamped  
Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Overpayment 7.00  
FILING 52.50  
R. AGENT FEE 5.00  
C. COPY 94.50  
TOTAL  
N. RADIX  
BALANCE DUE  
RECEIVED

Examiner's Initials

7/1/96  
13/2

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF WEST HAGEN ASSOCIATES, LTD.**

FILED  
JUN 27 1996  
CLERK OF COURT  
MIAMI, FL

**1. NAME.**

The name of the limited partnership shall be WEST HAGEN ASSOCIATES, LTD.

**2. ADDRESS.**

The office and mailing address of the limited partnership shall be 3612 West Hillsboro Boulevard, Deerfield Beach, FL 33442.

**3. REGISTERED AGENT.**

The name and address of the limited partnership's agent for service of process shall be Haft & Associates, P.A., Suite 800, South Tower, 1101 Brickell Avenue, Miami, FL 33131.

I hereby accept the designation as registered agent for service of process:

HAFT & ASSOCIATES, P.A.

By:

Barry J. Haft  
Barry J. Haft, President

Date:

6/27/96

**4. GENERAL PARTNER.**

The name and business address of the limited partnership's general partner shall be WEST HAGEN ASSOCIATES, INC., 3612 West Hillsboro Boulevard, Deerfield Beach, FL 33442.

5960005481"

**5. TERM.**

The term of the limited partnership shall commence upon the filing of this Certificate of Limited Partnership, and the latest date upon which the limited partnership is to dissolve shall be December 31, 2046.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

WEST HAGEN ASSOCIATES, INC.

By:

Jonathan Silverman  
Jonathan Silverman, President

Date:

6/27/96



600 HAW STREET  
TALLAHASSEE, FL 32302-2607

800-342-8086

904-22-9871  
904-22-9871 FAX



A96000001239

ACCOUNT NO. : 072100000032

REFERENCE : 034926 156750A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : July 29, 1996

ORDER TIME : 10:46 AM

ORDER NO. : 034926

CUSTOMER NO: 156750A

CUSTOMER: Salomon Hazday, Jr., Esq  
Haft & Associates, P.a.  
Suite 1102c  
1101 Brickelle Avenue  
Miami, FL 33131

56 JUL 29 PM 1:46

DOMESTIC AMENDMENT FILING

100001911091  
-08/01/96--01080--025  
\*\*\*112.00 \*\*\*112.00

NAME: WEST HAGEN ASSOCIATES, LTD.

J. TAX \*\*\*1690.50 \*\*\*1690.50  
FILING 1750.00

EFFECTIVE DATE:

R. AGENT FEE

C. COPY 52.50

TOTAL 1502.50

N. BANK

BALANCE DUE

OFFIND

XX ARTICLES OF AMENDMENT  
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Donna Kendrick

EXAMINER'S INITIALS:

BK  
7/29/96

SUPPLEMENTAL AFFIDAVIT OF  
CAPITAL CONTRIBUTIONS  
OF WEST HAGEN ASSOCIATES, LTD.

95 JUL 28 11 15 AM '96

STATE OF FLORIDA  
COUNTY OF DADE

Before me, the undersigned authority, personally appeared Jonathan Silverman, who being duly sworn, deposes and says:

1. My name is Jonathan Silverman, I am over the age of eighteen and capable of making the attestations herein.
2. I am President of West Hagen Associates, Inc., the general partner of West Hagen Associates, Ltd.
3. This supplemental affidavit is filed pursuant to Section 620.112, Florida Statutes
4. The total amount of capital contributions of the limited partners of West Hagen Associates, Ltd. is \$350,000.00

IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of July, 1996.

WEST HAGEN ASSOCIATES, INC.

By *Jonathan Silverman*  
Jonathan Silverman, President

The foregoing instrument was acknowledged before me this 25th day of July, 1996 by Jonathan Silverman, who is known to me or who has produced \_\_\_\_\_ as identification.

*Glynether Prather*

NOTARY PUBLIC

My Commission Expires:

