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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 MAY 13 PM 4:13

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

1. Weston Medical Pavilion Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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(3)

Corporate Filing
5/13/98
BKH

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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

300002522593--6
-05/14/98-01003-001
****280.00 ****140.00

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. The name of the Limited Partnership is: Weston Medical Pavilion, Ltd.
2. The business address of the Limited Partnership is: 1845 Corporate Lakes Boulevard, Weston, Florida 33326.
3. The name of the Registered Agent for service of process on the Limited Partnership is: Steven F. Samilow
4. The Florida street address for the Registered Agent is: 9000 Sheridan Street, suite 105, Cooper City, FL 33024.
5. The mailing address of the Limited Partnership is: 1845 Corporate Lakes Boulevard, Weston, Florida 33326.
6. The latest date upon which the Limited Partnership is to be dissolved is: perpetual

7. Name of sole general partner:

Street address:

Weston Medical Pavilion, Inc.

1845 Corporate Lakes Boulevard
Weston, Florida 33326

98000030376

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.

Signed this 12th day of May 1998.

Signature of all general partners:

GENERAL PARTNER:

Weston Medical Pavilion, Inc.

By:



Name: Richard Famiglietti

Title: president

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept said appointment as Registered Agent and agree to act in that capacity.

Signed this 12th day of May 1998.



Steven F. Samilow

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Weston Medical Pavilion, Ltd., a Florida Limited Partnership, certify:

The amount of capital contribution to date of the limited partners is \$100.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00

Signed this 12th day of May 1998.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:
Weston Medical Pavilion, Inc.

By: Richard Famiglietti
Name: Richard Famiglietti
Title: president

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