

309000000128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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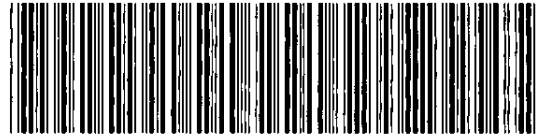
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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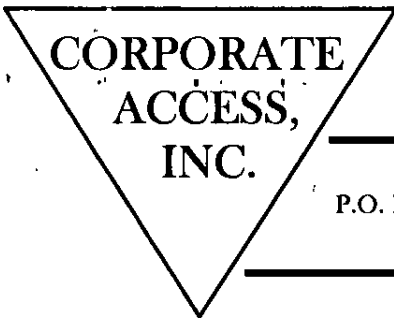
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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B. KOHR
SEP 16 2009
EXAMINER



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236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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9/15 Emily



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1.

West Jacksonville, LP
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 15 AM 11:20

1. WEST JACKSONVILLE, 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.

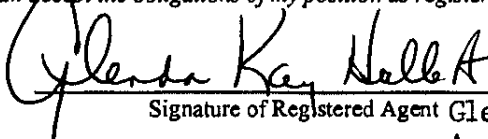
If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE 3. 9/8/2009
State or Country of Formation Date of Formation

4. PARACORP INCORPORATED
Name of Registered Agent for Service of Process

5. 236 E. 6th Ave.
Florida street address for Registered Agent
Tallahassee, FL 32303

6. 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.



Signature of Registered Agent Glenda Kay Hallett
Assistant Secretary

7. 1404 S. Andrews Ave.
Principal office address
Ft. Lauderdale, FL 33316

8. If limited partnership is a limited liability limited partnership, check box ☐

9. c/o Richard Coker, 1404 S. Andrews Ave.

(Mailing address)

Ft. Lauderdale, FL 33316

10. Name, principal office address, and mailing address of each general partner:

Western Devcon, Inc.

Name

ame
F06000001926

10525 Vista Sorrento Pkwy, Ste 110

Street Address

San Diego, CA 92101

10525 Vista Sorrento Pkwy, Ste. 110

Mailing Address

San Diego, CA 92101

Name

Street Address

Mailing Address

Name

Street Address

Mailing Address

Name _____

Street Address

Mailing Address

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 9th day of September, 20 09.

Signature of a general partner:



Michael P. Ibe

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$ 52.50
Certificate of Status (optional):	\$ 8.75

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST JACKSONVILLE, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST JACKSONVILLE, LP" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4728252 8300

090840750

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7515825

DATE: 09-09-09