# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001797903)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA/FOREIGN LP/LLLP Middle Jack MOB, LP

0
0
04
\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

C. LEWIS Helpul 12 2012

**EXAMINER** 

https://efile.sunbiz.org/scripts/efilcovr.exe

7/11/2012

PAGE 01/04

CT CORPORATION

8626336892

20:61 2102/11/20

FILED

# Application by Foreign Limited Partnership or Limited Liability Limited Partnership To Transact Business in Florida

12 JUL 14 AM 7: 59

1. Middle Jack MOB, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

if name unavailab	le, name under which the limited p business in	ertnerskip or Florida; must	limited liability limited partnership proposes to register to trans- contain acceptable suffix.	
2. Texas			3, 06/26/2012	
8	itate or Country of Formation		Date of Formation	
4. Pederal Employ	er Identification Number:	37-16941	, 99	
5. Name of Registe	red Agent for Service of Process	and Plorids	Street Address:	
C T Corporation Sy	ratem			
1200 South Pine Is	land Road	•		
Plantation, Florida	33324	•		
7. Principal Office:		anature of R	Maria Ozaeta  Figistered Agent Vice President  Saling Address:	
•	pressway, Suits 1000		5910 N. Central Expressway, Suite 1000	
Dallas, TX 75206		Dal	RS, TX 75206	
	orship is a limited Hability limite		las, TX 75206	
9. If limited partne	orship is a limited Hability limite	d partnershi	p, check box .	
9. If limited partne	il office address, and mailing ad	d partnershi	p, check box .  general partner:  M 12 DODOD 3919	
9. If limited parine 10. Name, princips Name of Genera	al office address, and mailing ad l Parmer: Middle Jack MOB Man	d partnershi dress of each	general partner; Name of General Partner;	
9. If limited partne	il office address, and mailing ad	d partnershi dress of each	p, check box .  general partner:  M 12 DODOD 3919	
9. If timited partner 10. Name, princips Name of General Street Address:	al office address, and mailing add 1 Partner: Middle Jack MOB Mana 5910 N. Central Expressway, Su Dailes, TX 75206	d partnershidress of each	p, check box .  general partner;  MIA DOOD 3919  Name of General Partner;  Street Address:	
9. If limited parine 10. Name, princips Name of Genera	al office address, and mailing add 1 Partner: Middle Jack MOB Mana 5910 N. Central Expressway, Su Dailes, TX 75206	d partnershidress of each	general partner; Name of General Partner;	
9. If limited partner 10. Name, princips Name of Genera Street Address: Mailing Address	Middle Jack MOB Ment Middle Jack MOB Ment 5910 N. Central Expressway, Su Dalles, TX 75206 5910 N. Central Expressway, Su Dallas, TX 75206	d partnershidress of each	p, check box .  general partner; M12 D0000 3919 Name of General Partner; Street Address:	
9. If limited parine 10. Name, princips Name of Genera Street Address: Mailing Address Name of Genera	Al office address, and mailing additional partners.  Middle Jack MOB Man.  5910 N. Central Expressway, Su  Dalles, TX 75206  5910 N. Central Expressway, Su  Dalles, TX 75206  Partner:	d partnershidress of each	p, check box.  general partner:  Mid Dood 3919  Name of General Partner:  Street Address:  Malling Address:	
9. If limited partner 10. Name, princips Name of Genera Street Address: Mailing Address	Middle Jack MOB Ments 1 Partner:	d partnershidress of each	p, check box.  general partner:  MIA DOOD 3919  Name of General Partner:  Street Address:  Mailing Address:	
9. If limited parine 10. Name, princips Name of Genera Street Address: Mailing Address Name of Genera Street Address:	Middle Jack MOB Man Middle Jack MOB Man 5910 N. Central Expressway, Su Dalles, TX 75206 5910 N. Central Expressway, Su Dallas, TX 75206	d partnershi dress of each agers, LLC ite 1000	p, check box.  general partner:  Mid Dood 3919  Name of General Partner:  Street Address:  Malling Address:	

19.047 - 12/21/2011 Welters Xilymer Online

FILED

Name of General Partne	. ·	Page 1 of 2 Nume of General Partner:	12 JUL 11 AM 7: 59
			SECRETARY OF STATE TALEAHASSEE, FLORIDA
Mailing Address:		Mailing Address:	
12. Anached is a certificate	of existence duly authentics	w after the date this document is filed by the Florated, not more than 90 days prior to the delivery or other official having custody of the entity's reco	of this application to the
the law of which it is organi	rod.	CK MES Manyers, CLE Groups Paring	
	( )	ignature of a general partner Journ K. O.d.,	managel
		ess stated herein are true and the individual is awa estitutes a third degree folony as provided for in s	
	s: Copy (optional): : of Status (optional);	\$1,000.00 (\$965 Filing Fee and \$35 Regul \$52.50 \$8.75	stered Agent Fot)

Page 2 of 2

FL047 - 12/21/2013 Welters Khrwer Quille

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

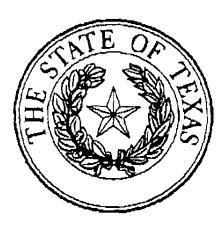
# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Middle Jack MOB, LP (file number 801617013), a Domestic Limited Partnership (LP), was filed in this office on June 26, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 10, 2012.



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 429549240004