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A PARTNERBHIP INCLUDING PROPERBIONAL ABBOCIATIONS: DAVID G. CHOCHETT, P.A. JAMER H. GILHOUSEN, P.A.

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THE AMIDON HOUSE 1005 N. MARKET WICHITA, KANSAS 67214-287 ( 1316) 263-9662

PARI (318) 263-7220

February 22, 1996

000001724730 -02/27/96--01029--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign Corporation Registration

Dear Sir/Madam:

Enclosed please find the original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida. I am enclosing our \$70.00 registration fee along with payment of \$8.75 for a certificate of status.

We will be needing in the near future a certificate of good standing for Assisted Living Facilities, Inc. I would appreciate learning at this time what your fee would be to obtain the good standing certificate.

If you need anything further to register this corporation in Florida, please advise.

corpially,

David G. Crockett

DGC/cd

Enclosures

cc: Mr. Steven Vick

#### TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations
SUBJECT: Assisted Living Properties, Inc. (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
David G. Crockett, Attorney at Law 명 모임 모임 기계
Crockett & Gilnousen
(Firm/Company)  1005 North Market
1005 North Market
(Address)
Wichita, Kansas 67214
(City/State/Zip)
Should you need to call someone concerning this matter, please call:
David G. Crockett at (316) 263-9662 (Name of Person) (Area Code & Daytime Telephone Number)
COURIER ADDRESS: MAILING ADDRESS:
Qualification/Tax Lien Sec.  Qualification/Tax Lien Section
Division of Corporations Division of Corporations P. O. Box 6327
Fallahassee, FL 32399 Tallahassee, FL 32314

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Assisted Living Properties, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	· <del></del>
2.	(State or country under the law of which it is incorporated) (Fill number, if applicable)	<del></del>
4.	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<del></del>
,	February, 1996	SEC
6.	(Date first transacted business in Florida, (SEE SECTIONS 607,1501, 607,1502, AND 817,155, F.S.)	RETAR OF OF
7.	Wichita, Kansas 67207	ED Y OF STA YERORAI
	(Current mailing address)	
8.	Ownership, leasing, operation and sale of assisted living facilities and other legal activities  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<i>-</i> -
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NO acceptable)	<u>T</u>
	Name: CT Corporation	
	Office Address: c/o CT Corporation System  1200 South Pine Island Road	
	Plantation , Florida , 33324 (Zip Code)	
10	. Registered agent's acceptance: (Zip Code)	•
cores all and	aying been named as registered agent and to accept service of process for the above reporation at the place designated in this application, I hereby accept the appointing istered agent and agree to act in this capacity. I further agree to comply with the provision statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.  (Registered agent's signature) M.S.G.REEN, How Attached is a certificate of existence duly authenticated, not more than 90 days prior to	ient as ions of ar with
	'ivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is	

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

	RS (Street address only- P. O. Box NOT acceptable)	,	
Director Chammen	Steven L. Vick		·
Address:	453 South Webb Road, Suite 500		
<u> </u>	Wichita, Kansas 67207		_
Director Vice Chairman:	R. Gail Knott		
Address:			
	Wichita, Kansas 67207		
Director:	Timothy J. Buchanan		_
Address:	453 South Webb Road, Suite 500		
	Wichita, Kansas 67207		_
Director:			<b>-</b> 22
Address:		8 F	SEC
		EB 2	물류 위로구
B. OFFICERS	Street address only- P. O. Box NOT acceptable)	<u>ت</u>	202 13.1
President: Ste	even L. Vick	至	F ST
Address: 453	South Webb Road, Suite 500	မ္	
Wic	hita, Kansas 67207	<u></u>	
Vice President: _	None		_
Address:			_
			_
Secretary/Treas	urer R. Gail Knott		_
Address:	453 South Webb Road, Suite 500		· <del></del>
	Wichita, Kansas 67207		_
Treasurer:			_
Address:			<u> </u>
			_
NOTE: If necess officers and/or dir	ary, you may attach an addendum to the application listing additicetors.	ional	
13. Th	. \		_
(Signature o	of Chairman, Vice Chairman, or any officer listed in number 12 of the applica	tion)	
M Preside	nt small Jrk		

(Typed or printed name and capacity of person signing application)

#### STATE OF KANSAS

#### OFFICE OF SECRETARY OF STATE RON THORNBURGH



### To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

ASSISTED LIVING PROPERTIES, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 7th day of February, A.D. 1996 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
19th day of February, A.D. 1996



RON THORNBURGH SECRETARY OF STATE