

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100 Tallahassee, Florida 32301
(850) 224-8870 • 1-800-348-8062 • FAX (850) 224-1222

A01000000806

Horizon Senior Lifestyles IV, Ltd.

400004422894--4

-06/15/01--01068--017

****516.25 ****516.25

400004422894--4

-06/15/01--01068--015

*****8.75 *****8.75

400004422894--4

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****271.25 ****271.25

3

W01-13701

LP- 735.00
CERT 61.25

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

☒ LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 14 PM 2:29
FILED
JUN 14 PM 3:05
01 JUN 14 PM 3:05
FILED
TALLAHASSEE, FLORIDA

BK



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 14, 2001

CAPITAL CONNECTION

SUBJECT: HORIZON SENIOR LIFESTYLES IV, LTD.
Ref. Number: W01000013701

FILED
01 JUN 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HORIZON SENIOR LIFESTYLES IV, LTD. and check(s) totaling \$271.25. However, your check(s) and document are being returned for the following:

The amount due to file the limited partnership is \$735.00 and \$61.25 for the certification a total of \$796.25., ~~no fee just a copy~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Tammi Cline
Document Specialist

Letter Number: 601A00036599

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 15 AM 10:35
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
HORIZON SENIOR LIFESTYLES IV, LTD.**

The undersigned, JOSEPH GRACE as President of the named and designated managing General Partner for HORIZON SENIOR LIFESTYLES IV, LTD., a limited partnership to be created under the laws of the State of Florida, does hereby make and submit this Certificate of Limited Partnership, pursuant to Florida Statute 620.108.

1. **Name:** The name of the Limited Partnership shall be HORIZON SENIOR LIFESTYLES IV, LTD.

2. **Purpose:** The business purpose of the Limited Partnership shall be to purchase, acquire, hold and improve certain land described as Tract L, Lely Golf Estates Tract Map, in accordance with and subject to the plat recorded in Plat Book 8, Page 20, Public Records of Collier County, Florida.

3. **Registered Office:** The office address of the Limited Partnership's principal place of business is stated below:

Business Address: 3221 Fruitville Road
Sarasota, FL 34237

4. **Registered Agent:** The name and address of the Registered Agent of the Limited Partnership is stated below:

Name: David A. Bacon
Address: 2959 First Avenue North
St. Petersburg, FL 33713

5. **General Partner:** The name and business address of the General Partner is stated below:

General Partner: Autumn Care Management, Inc.
3221 Fruitville Road
Sarasota, FL 34237

801-44137

6. **Mailing Address:** The mailing address for the Limited Partnership is stated below:

Address: 3221 Fruitville Road
Sarasota, FL 34237

7. **Term.** The Limited Partnership shall lawfully exist and do business for a term which shall end and terminate on or before December 31, 2010.

8. **Initial Capital Contributions of Limited Partners:** An Affidavit declaring the amount of capital contributions of the Limited Partners is attached hereto as Exhibit "A".

9. **Subsequent Contributions of Limited Partners:** Each Limited Partner shall be obligated to make only the capital contribution which is stated upon the Affidavit which is attached hereto as Exhibit "A", and no Limited Partner shall be obligated to make any additional capital contributions.

10. **Profit Share of Limited Partners:** The share of the profits which each Limited Partner shall receive by reason of his/her contribution is stated upon Exhibit "B" attached hereto.

Executed by Autumn Care Management, Inc. this 13th day of JUNE, 2001.

AUTUMN CARE MANAGEMENT, INC.

By: JOSEPH GRACE, President

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME personally appeared JOSEPH GRACE to me well known or who has produced his driver's license as identification, and known to be the individual described in and who executed the foregoing instrument as President of AUTUMN CARE MANAGEMENT, INC., severally acknowledged to and before me that he executed such instrument as an officer of said corporation, and that the seal affixed to the foregoing instrument is the corporate seal and that it was affixed by due and regular corporate authority and that said instrument is the free act and deed of said corporation.

Witness my hand and official seal this 13 day of June, 2001.

My Commission Expires:



Jodilyn Furlong
Commission # CC 910562
Expires Feb. 15, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

NOTARY PUBLIC

AFFIDAVIT

COUNTY OF PINELLAS
STATE OF FLORIDA

BEFORE ME, the undersigned authority authorized to administer oaths and take acknowledgments personally appeared JOSEPH GRACE, as President of Autumn Care Management, Inc., who after being by me first duly sworn deposes and states as follows:

1. The undersigned is the named and designated General Partner for Horizon Senior Lifestyles, IV, Ltd., a proposed Limited Partnership to be created under the laws of the State of Florida.
2. The undersigned has personal knowledge of the Partnership Agreement for Horizon Senior Lifestyles, IV, Ltd., and all terms and provisions stated therein.
3. Under the terms and provisions of the Partnership Agreement for Horizon Senior Lifestyles, IV, Ltd., a proposed Limited Partnership, the Limited Partners shall be obligated to make only the capital contributions stated below:

GENERAL PARTNERS:

Autumn Care Management, Inc. \$75,000.00 75%

LIMITED PARTNER:

James Soper \$25,000.00 25%

The total amount contributed and anticipated to be contributed by the limited partners is \$100,000.00

EXECUTED by JOSEPH GRACE this 13th day of JUNE, 2001.


JOSEPH GRACE

STATE OF FLORIDA
COUNTY OF PINELLAS


BEFORE ME personally appeared JOSEPH GRACE, to me well known and known to be the person described herein and who executed the foregoing instrument, and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS MY HAND and official seal, this 13th day of June, 2001.

My Commission Expires:



Jodilyn Furlong
Commission # CC 910562
Expires Feb. 15, 2004
Bonded Thru
Atlantic Bonding Co., Inc.


Notary Public