411 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-4497
414 277 5000
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Attorneys at Law in
Milwaukee and Madison, Wisconsin
West Palm Beach and Naples, Florida
Phoenix, Arizona

Quarles & Brady

March 20, 1995

A95000000488

Division of Corporations
State Capitol
P.O. Box 6327
Tallahassee FL 32314

Re: Alternative Living Services-Florida, Ltd.
Certificate of Limited Partnership

500001441265
-03/28/95--01047--017
*****87.50 *****87.50

Dear Sir or Madam:

Enclosed for filing are duplicate originals of a Certificate of Limited Partnership for Alternative Living Services-Florida, Ltd., together with a check in the amount of $87.50 to cover the filing fees. I am hereby requesting a certified copy of the filed Certificate of Limited Partnership and a Certificate of Status, and I am enclosing an additional check in the amount of $61.25 to cover the fees associated with this request.

If you have any questions regarding the foregoing, please call me at (414) 277-5191.

Very truly yours,

QUARLES & BRADY

Cynthia Z. Jorgensen
Legal Assistant

CZJ:jah
OB1\227010
110261.30208
Enclosure
cc: Thomas A. Simonis, Esq.

500001441265
-03/28/95--01047--018
*****61.25 *****61.25

Name Availability	CA
Document Examiner	GSH
Updater	GSH
Verifyer	GSH
Acknowledgement	GSH
W. P. Verifyer	GSH

A95-488

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 10:59

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1. Alternative Living Services - Florida, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 450 North Sunnyslope Road, Suite 300, Brookfield WI 53005
(The Business Address of Limited Partnership)

3. Florida - Lawdock, Inc. ✓ J02672
(Name of Registered Agent for Service of Process)

4. 222 Lakeview Avenue, 4th Floor, P.O. Box 3188, West Palm Beach, Florida 33402-3188
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 10:59

Thomas W. O'Brien
(Officer Must Sign on This Line)

Thomas W. O'Brien, Assistant Treasurer
(Type Name and Title of Officer)

6. 450 North Sunnyslope Road, Suite 300, Brookfield, WI 53005
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2015

(Cont'd)

(FLA. – LP 2814 – 2/1/82)

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

P94000003182

Alternative Living Services, Inc.	450 North Sunnyslope Road, Suite 300,
	Brookfield WI 53005

Signed this 30th day of March, 1995.
Signature of all general partners:

ALTERNATIVE LIVING SERVICES, INC.

By: William F Farley
General Partner

General Partner

General Partner

General Partner

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 10:59

(FLA. – LP 2914)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Alternative Living Services - Florida, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 7,500.00.

The total amount contributed and enticipated to be contributed by the limited partners at this time totals $ 7,500.00.

This 20th day of March, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

ALTERNATIVE LIVING SERVICES, INC.

By: _____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 10:59

(FLA. - LP 2913 - 10/3/90)

A95000000488

FILED
96 JUL 15 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95-488

1. Name of Limited Partnership
Alternative Living Services - Florida, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
450 N. Sunnyslope Rd.	450 N. Sunnyslope Rd	3/28/95
Suite 300	Suite 300	5. FEI Number ☑ Applied For ☐ Not Applicable
Brookfield, WI	Brookfield, WI	6. CERTIFICATE OF STATUS DESIRED ☐
Zip 53005 Country USA	Zip 53005 Country USA	7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record: 7500.00

8b. Amount of Capital Contributions in FLORIDA to date:

FEES: 1) Filing Fee(s) Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s) $136.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s) $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
Florida-Lawdock, Inc. 222 Lakeview Ave., 4th Floor P.O. Box 3188 West Palm Beach, FL 33402-3188	Name Street Address (P.O. Box Number is Not Acceptable) 200001897352 Suite, Apt. # etc -01715/96--01006--026 City ****691.25 ****691.25 FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Alternative Living Services	450 N. Sunnyslope Rd Suite 300	Brookfield, WI 53005	F94000003182

REINSTATEMENT 96---
AR 7-16

CR2E039 (4/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Mary Lou Austin DATE 7/5/96

Typed or Printed Name of General Partner Signing Form Mary Lou Austin Telephone Number 414/789-9565