A4500001595

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE 1-800-[illegible]
FAX (904) 222-1222

___ of ___

RE Paradise Food [illegible] Company, Ltd.

NAME ____
FIRM ____
ADDRESS ____

PHONE ( ) ____

Service: Top Priority ____ One Day Service   Regular ____ Two Day Service

To us via ____ Return via ____

Matter No.: ____ Express Mail No. ____

State Fee $ ____ Our $ ____

	C.C. FEE.	DISBURSED
___ Capital Express™		
___ Art. of Inc. File		
___ Corp. Record Search		
✓ Ltd. Partnership File		
___ Foreign Corp. File		
✓ ( ) Cert. Copy(s) 3 Certified Copies		
___ Art. of Amend., File		
___ Dissolution/Withdrawal		
___ C U S-		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ File No.'s, ___ Copies		
___ Courier Service		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.	100001622181	
___ FAX ( ) pgs.	-10/27/95--01026--004	
	****280.00	****280.00
SUBTOTALS		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 AM 10:43

RECEIVED
95 OCT 24 AM 9:42

File 1st
BK 10/24/95

TAX	(4) cus	35.00
FILING		52.00
R. AGENT FEE		35.00
C. COPY	(3)	157.50
TOTAL		280.00
N. BANK		
BALANCE DUE		
REFUND		

FEE	$	
DISBURSED	$	
SURCHARGE	$	
TAX on corporate supplies	$	
SUBTOTAL	$	
PREPAID	$	
BALANCE DUE	$	
	$	

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AHH		

WALK-IN
Will Pick Up 10/24 11:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CARRIAGE INN RETIREMENT HOME, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 12:43

THIS CERTIFICATE OF LIMITED PARTNERSHIP OF CARRIAGE INN RETIREMENT HOME, LTD. (the "Partnership"), is being executed by the undersigned for the purpose of forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act.

1. The name of the limited partnership is Carriage Inn Retirement Home, Ltd.

2. The address of the registered office of the Partnership is 701 Brickell Avenue, Suite 1200, Miami, Florida 33131. The Partnership's registered agent at that address is Louis R. Montello.

3. The name and business address of the Partnership's general partner is Baywinds Miami Corporation, 701 Brickell Ave, Suite 1200, Miami, Florida 33131.

P95000021693

4. The mailing address and principal place of business for the Partnership is 701 Brickell Ave, Suite 1200, Miami, Florida 33131.

5. The latest date upon which the Partnership is to dissolve is November 1, 2015.

IN WITNESS WHEREOF, the undersigned sole general partner of the Partnership has caused this Certificate of Limited Partnership to be executed this 23rd of October, 1995.

BAYWINDS MIAMI CORPORATION

By: _____
George Kuhl,
President

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of Carriage Inn Retirement Home, Ltd., hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes Section 620.192.

October 23, 1995

By: _____
Louis R. Montello,
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 AM 10:43

lrm\meadcrft\carriage\certltd.par

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 AM 10:43

AFFIDAVIT
OF
GENERAL PARTNER
OF
CARRIAGE INN RETIREMENT HOME, LTD.

I, George Kuhl, President of Baywinds Miami Corporation, a Florida corporation, and in connection with the formation of Carriage Inn Retirement Home, Ltd., as a Florida limited partnership (the "Partnership"), depose and say that:

1. The amount of the capital contributions of the limited partners of the Partnership is $100.00.

2. The amount anticipated to be contributed by the limited partners of the Partnership is $100.00.

BAYWINDS MIAMI CORPORATION

By: _____
George Kuhl,
President

lrm\meadcrft\carriage\genpart.aff

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001595

LIMITED PARTNERSHIP
ANNUAL REPORT
1995

FILED
95 DEC 28 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Carriage Inn Retirement Home, Ltd.

1a. DOCUMENT #
A95000001595

2. New Mailing Address (if applicable)

Suite Apt # etc

City State & Zip

2a. New Principal Office Address if Applicable

Suite Apt # etc

City State & Zip

Mailing Address	Principal Office Address
701 Brickell Ave. Suite 1200 Miami, FL 33131	701 Brickell Ave. Suite 1200 Miami, FL 33131

If above addresses are incorrect in any way line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA
October 24, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
$100.00

5b. Amount of Capital Contributions in FLORIDA to date
$100.00

6. FEI Number
59-3339667

Applied For ☐
Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED ☐
$5.00 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee, $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

Louis R. Montello
701 Brickell Avenue, Suite 1200
Miami, Florida 33131

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Baywinds Miami Corporation	1101 Brickell Avenue Suite 1400	Miami, FL 33131	P95000021093

AR - $52.50
SF - $138.75
12/28/95

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 effect 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.

BAYWINDS MIAMI CORPORATION

SIGNATURE By: _____ DATE December 27, 1995

Typed or Printed Name of General Partner Signing Form: George Kuhl, President Telephone Number (416) 323-3773

SIGN HERE

CR2E003 (6/95)

A95000001595

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

RE: Carriage Inn Retirement Home Ltd

NAME: _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

12/28/95 w

		C.C. FEE.	DISBURSED
___	Capital Express℠		
___	Art. of Inc. File		
___	Corp. Record Search		
___	Ltd. Partnership File		
___	Foreign Corp. File		
✓	(1) Cert. Copy(s)		
___	Art. of Amend. File		
___	Dissolution/Withdrawal		
___	C U S-		
___	Fictitious Name File		
___	Name Reservation		
✓	Annual Report/Reinstatement		
___	Reg. Agent Service		
___	Document Filing		
___	Corporate Kit		
___	Vehicle Search		
___	Driving Record		
___	Document Retrieval		
___	UCC 1 or 3 File		
___	UCC 11 Search		
___	UCC 11 Retrieval		
___	___ File No.'s, ___ Copies		
___	Courier Service ___		
___	Shipping/Handling		
___	Phone ( )		
___	Top Priority		
___	Express Mail Prep.		
___	FAX ( ) pgs.		
___			
SUBTOTALS			

95 DEC 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AAL		

WALK-IN
Will Pick Up 12-28 4pm

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

11-9529-7 PONDER'S INC., THOMASVILLE, GA.