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## CERTIFICATE OF LIMITED PARTNERSHIP OF MISSION RIDGE OF TALLAHASSEE, LTD., a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1995), hereby states:

- 1. The name of the Partnership is Mission Ridge of Tallahassee, Ltd.
- 2. The address of the office of the Partnership is: 555 First Street Columbus, Indiana 47201
- 3. The name and address of the agent for service of process on the Partnership is:

Walter H. Wolfe, Jr. 300 East Park Avenue Tallahassee, FL 32301

P96-000039284

- 4. The name and business address of the sole general partner is: Mission Ridge, Inc.
  555 First Street
  Columbus, Indiana 47201
- 5. The mailing address of the Partnership is: P.O. Box 1212
  Columbus, Indiana 47202-1212
- 6. The latest date upon which the Partnership shall dissolve is December 31, 2026.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Mission Ridge of Tallahassee, Ltd. this 8th day of of May, 1996.

GENERAL PARTNER:

MISSION RIDGE, INC.

Name: Richard S. Eynon

Title: President

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF INDIANA COUNTY OF BARTHOLDMEN

BEFORE ME, the undersigned authority, personally appeared RICHARD S. EYRON as President, of MISSION RIDGE, INC., a Florida corporation, the sole general partner of MISSION RIDGE OF TALLAHASSEE, LTD. (the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, Ninety-five and No/100 Dollars (\$95.00).
- 2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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

Date: May 84, 1996

Richard S. Evnon

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 25 day of May, 1996.

(SEAL)

My Commission Expires:

1-9-98

Notary Public

State of Indiana

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for MISSION RIDGE OF TALLAHASSEE, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

Name: Walter H. Wolfe, Ja

Date: May 7-1k, 1996

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