

**A98000001788**

Requestor's Name  
315 SOUTH CALHOUN STREET  
Address  
Tallahassee, Florida 32301  
City/State/Zip Phone #  
224-7000

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cloudford Eldercare Apts Ltd. (Corporation Name) (Document #) (New)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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- ☐ Walk-in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

000002600200--6  
-07/28/98--01009--017  
\*\*\*\*385.00 \*\*\*\*140.00

Examiner's Initials

**CERTIFICATE  
OF LIMITED PARTNERSHIP  
OF  
CLOVERLEAF ELDERCARE APARTMENTS, LTD.**

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The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

**1. NAME.**

The name of the Limited Partnership is:

**CLOVERLEAF ELDERCARE APARTMENTS, LTD.**

**2. REGISTERED AGENT.**

The name and address of the Registered Agent for the Limited Partnership is:

Lynn C. Washington  
Holland & Knight LLP  
701 Brickell Avenue, Suite 3000  
Miami, Florida 33131

**3. GENERAL PARTNERS.**

The name and business addresses of the general partners are:

CLOVERLEAF ELDERCARE APARTMENTS, INC.  
490 Opa Locka Blvd., Suite 20  
Opa Locka, Florida 33054

*pg 8000066022*

ANI-CLOVERLEAF, INC.  
2665 S. Bayshore Drive, Suite 202  
Coconut Grove, Florida 33133

*pg 8000066025*

4. MAILING ADDRESS.

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

2665 S. Bayshore Drive, Suite 202  
Coconut Grove, Florida 33133

5. DISSOLUTION DATE.

The latest date upon which the Limited Partnership is to dissolve is December 31, 2048.

IN WITNESS WHEREOF, the General Partners have executed this Certificate of Limited partnership this 24 day of July, 1998.

CLOVERLEAF ELDERCARE APARTMENTS,  
INC., a Florida corporation

By: Stephanie Williams-Baldwin  
Stephanie Williams-Baldwin  
Vice President

ANI-CLOVERLEAF, INC., a Florida corporation

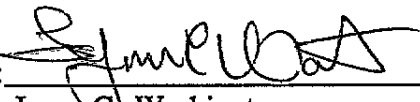
By: [Signature]  
Name: Louis [Signature]  
Title: Chairman

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**ACCEPTANCE**

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for **CLOVERLEAF ELDERCARE APARTMENTS, LTD.**, a Florida limited partnership, and accepts all obligations imposed on it as such under Florida law.

Executed this 24<sup>th</sup> day of July, 1998.

By:   
Lynn C. Washington

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**AFFIDAVIT**

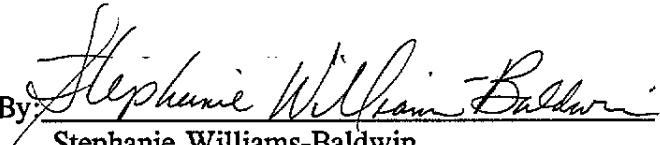
STATE OF FLORIDA                   )  
  ) ss:  
COUNTY OF MIAMI-DADE         )

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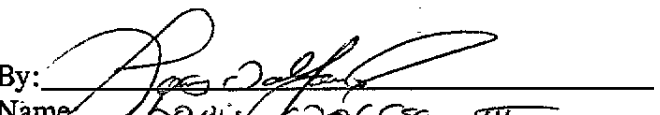
The undersigned as general partners of **CLOVERLEAF ELDERCARE APARTMENTS, LTD.**, a Florida limited partnership ("Limited Partnership"), declare as follows:

The total of capital contributions of the limited partners of the Limited Partnership through this date is \$1.00 and the anticipated future capital contributions of the limited partners to the Limited Partnership is \$100.

**CLOVERLEAF ELDERCARE APARTMENTS, INC.**, a Florida corporation

By:   
Stephanie Williams-Baldwin  
President

**ANI-CLOVERLEAF, INC.**, a Florida corporation

By:   
Name: Louis C. Colson III  
Title: Chairman

STATE OF FLORIDA )  
 ) ss:  
COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 24th day of July, 1998 by STEPHANIE WILLIAMS-BALDWIN as Vice President of CLOVERLEAF APARTMENTS, INC., a Florida corporation, on behalf of the corporation. She is personally known to me OR has produced \_\_\_\_\_ as identification.



Daniel A. Wick, Jr.  
MY COMMISSION # CG006582 EXPIRES  
March 11, 2001  
BONDED THRU FLOY FAIR INSURANCE, INC.

Daniel A. Wick, Jr.  
Name: DANIEL A. WICK JR.  
Commission No.: \_\_\_\_\_  
Notary Public  
State of Florida at Large

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My commission expires:

STATE OF FLORIDA )  
 ) ss:  
COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 24th day of July, 1998 by Louis Watson II as Chairman of ANI-CLOVERLEAF, INC., a Florida corporation, on behalf of the corporation. He/She is personally known to me OR has produced \_\_\_\_\_ as identification.

Lissette Cantillo  
Name: Lissette Cantillo  
Commission No.: # CC 569517  
Notary Public  
State of Florida at Large

My commission expires:



MIA4-640101.1