

CT CORPORATION SYSTEM

B010000000195

CORPORATION(S) NAME

Clare Bridge Cottage of Lakeland L.P.

FILED
01 JUN -4 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004340385--1

06/04/01 01121--003
***1750.00 ***1750.00

500004340385--1

06/04/01 01121--002
*****35.00 *****35.00

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/4/01

Order#: 4311221

Ref#: _____

Amount: \$ _____

BK

RECEIVED
01 JUN -4 PM 2:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CLARE BRIDGE COTTAGE OF LAKELAND L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

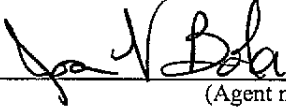
3. Delaware 4. 12/17/99
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

 **JOAN BOLDEN**
(Agent must sign on this line) **ASSISTANT SECRETARY**

8. c/o The Corporation Trust Company, 1209 Orange Street

Wilmington, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Alterra Healthcare Corporation 10000 Innovation Drive, Milwaukee, WI 53226

99000003182

10. 10000 Innovation Drive, Milwaukee, WI 53226
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12. c/o Alterra Healthcare Corporation

10000 Innovation Drive, Milwaukee, WI 53226

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 17th day of May, 2001

Kristin A. Ferge

Kristin A. Ferge, VP, Alterra Healthcare Corporation
General Partner

STATE OF WISCONSIN

COUNTY OF MILWAUKEE

On this 17th day of may, 2001.

Kristin A. Ferge, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

J.C. Hansen

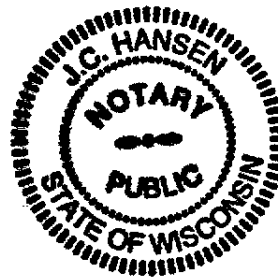
(Notary Public Signature)

J.C. Hansen

Notary Public

My Commission Expires: 5-26-02

(Notary's Printed Name)



Seal

My Commission Expires:

5/26/02

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Kristin A. Ferge, VP of Alterra Healthcare Corporation
a general partner of Clare Bridge Cottage of Lakeland L.P., a(n) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 600,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 600,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 17th day of May, 2001.

Kristin A. Ferge

Kristin A. Ferge, VP, Alterra Healthcare Corporation
General Partner

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CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF WISCONSIN

COUNTY OF MILWAUKEE

On this 17th day of May, 2001

Kristin A. Ferge, personally appeared before me,

☒ who is personally known to me

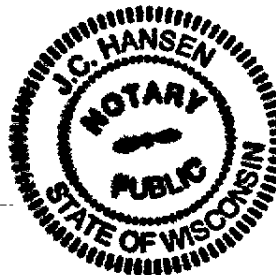
☐ whose identity I proved on the basis of _____

J.C. Hansen
(Notary Public Signature)

J.C. Hansen
Notary Public

My Commission Expires: 5-26-02

(Notary's Printed Name)



Seal

My Commission Expires: 5/26/02