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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LAW OFFICES

Metz, Hauser & Husband, P.A.

WILLIAM W. CORRY, P.A.**
JAMES C. HAUSER
WARREN H. HUSBAND
FRANK S. MESSERSMITH*
STEPHEN W. METZ
R. TERRY RIGSBY, P.A.**
CHRISTINE M. TURNER*
*Governmental Consultant
Not a Member of The Florida Bar
**Of Counsel

REPLY TO:
Post Office Box 10909
Tallahassee, Florida 32302-2909

215 S. Monroe Street, Suite 505
Tallahassee, Florida 32301

Telephone: (850)205-9000
Facsimile: (850)205-9001

April 2, 2003

Via Hand Delivery

Bureau of Commercial Recording
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Immokalee Senior Housing, Ltd.

With regard to the above-referenced limited partnership, please find enclosed the original Application by Foreign Limited Partnership for Authority to Transact Business in Florida, as well as the required Affidavit of Capital Contribution. Also enclosed is a check for \$96.25 to cover all filing fees, as well as the required fee (\$8.75) for a Certificate of Good Standing.

Please direct all correspondence regarding this matter to my attention at the above address. If the Certificate of Good Standing can be transmitted to me via facsimile, I would ask that you do so as soon as possible and direct this fax to me at (850) 205-9001.

Thank you for your assistance.

Sincerely,



Warren H. Husband

Encl.

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TALLAHASSEE, FLORIDA

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

1. Immokalee Senior Housing, Ltd.
(Name of limited partnership as it is in the home state)

2. Immokalee Senior Housing, Ltd.
(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. Ohio 4. April 24, 2002
(State of Formation) (Date of Formation)

5. Warren H. Husband
(Name of Registered Agent for Service of Process)

6. 215 S. Monroe Street Suite 505
(Street Address of Registered Office)

Tallahassee, Florida 92301
(City) (Zip Code)

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

Warren H. Husband
(Agent must sign on this line)

8. 605 East Center Street
Marion, OH 43302
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

UCC XIV, INC 170 E. Center St., Marion, OH 43302
FO3000001577

10. 170 E. Center Street Marion OH 43302
(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

12. 170 E. Center Street

Marion, OH 43302

(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 28th day of March, 2003.

Cheryl L. Wickersham, Rest. Sec./Treas. UCC XIV, INC
General Partner

STATE OF Ohio

COUNTY OF Marion

On this 28th day of March, 2003.

Cheryl L. Wickersham, personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

TALLAHASSEE, FLORIDA

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Judith M. Stewart
(Notary Public Signature)

JUDITH M. STEWART
(Notary's Printed Name)

Seal

My Commission Expires: 10/03/05



JUDITH M. STEWART
Notary Public, State of Ohio
My Commission Expires 10/3/05
Recorded in Marion County

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Cheryl L. Wickersham, Asst. Sec/Treas, UCC XIV, INC
a general partner of ~~UCC XIV, INC~~ Immokalee Senior Housing, Ltd. (an) Ohio
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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

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 28th day of March, 2003.

Cheryl L. Wickersham
General Partner

STATE OF Ohio
COUNTY OF Marion

On this 28th day of March, 2003.

Cheryl L. Wickersham, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Judith M. Stewart
(Notary Public Signature)

JUDITH M. STEWART
(Notary's Printed Name)

Seal



JUDITH M. STEWART
Notary Public, State of Ohio
My Commission Expires 10/3/05
Recorded in Marion County

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