

B98000000062

12434 Mandarin Road
Jacksonville, FL 32223-1816

City/State/Zip

Phone #

700002413237--8
-01/27/98--01034--012
*****35.00 *****35.00
700002413237--8
-01/27/98--01034--011
Office Use Only *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
JAN 20 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ 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

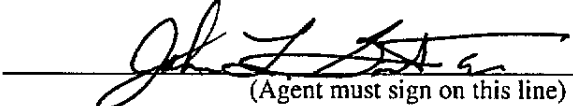
REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Cora Fox 4
B98-62

Name	<i>OR 1-26</i>
Availability	<i>OR</i>
Document	<i>OR</i>
Examiner	<i>OR</i>
Updater	<i>OR</i>
Updater	<i>OR</i>
Verifier	<i>OR</i>
Acknowledgment	<i>OR</i>
W. P. Verifier	<i>OR</i>

Examiner's Initials

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

1. PINE LAKE NURSING HOME, L.P.
(Name of limited partnership as it is in the home state)
2. PINE LAKE NURSING HOME, 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. MISSISSIPPI 4. 10/29/97
(State of Formation) (Date of Formation)
5. JOHN L. SUTER, SR
(Name of Registered Agent for Service of Process)
6. 12434 MANDARIN RD
(Street Address of Registered Office)
JACKSONVILLE, Florida 32223
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. SKY BLUE, INC 3701 PETER QUINN DR.
JACKSON, MS 39213
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
SKY BLUE, INC 939366
D/B/A 695801 ONTARIO LIMITED, INC
12434 MANDARIN RD
JACKSONVILLE, FL 32223
10. 12434 MANDARIN RD JACKSONVILLE, FL 32223
(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

12. 12434 MANDARIN RD
JACKSONVILLE, FL 32223

(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.

This 15 day of JAN, 19 98.
SKY BLUE, INC 318/A 695801 ONTARIO LIMITED, INC
BY [Signature] PROS.
General Partner

STATE OF Florida

COUNTY OF Duval

On this 15 day of Jan., 19 98

John L Suter personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL DL

Tina D. Mickler
(Notary Public Signature)

Tina D. Mickler
(Notary's Printed Name)



TINA D. MICKLER
COMMISSION # CC 532294
EXPIRES FEB 13, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

Seal

My Commission Expires: Feb. 13, 2000

FILED
98 JAN 20 PM 4:30
SECRET
CLERK OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

JOHN L SUTER, AS PRESIDENT OF
SKY BLUE, INC. D/B/A 695801 ONTARIO LIMITED, INC.

BEFORE ME the undersigned personally appeared _____

a general partner of PINE LAKE NURSING HOME, LTD, a (an) MISSISSIPPI

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.00.

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.

This 15 day of Jan, 19 98.

JOHN L SUTER, AS PRESIDENT OF
SKY BLUE, INC. D/B/A 695801 ONTARIO LIMITED, INC.


General Partner

STATE OF Florida

COUNTY OF Duval

On this 15 day of Jan, 19 98,

John L Suter, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL DL

Tina D. Mickler
(Notary Public Signature)

Tina D. Mickler
(Notary's Printed Name)

NOTARY PUBLIC
STATE OF FLORIDA
TINA D. MICKLER
COMMISSION # CC 532294
EXPIRES FEB 13, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

Seal

My Commission Expires: Feb. 13, 2000