### **Document Number Only**

CR2E031 (1-89)

# 1398000000148

| CT Corporation System  Requestor's Name 660 East Jefferson Street |           |    |       |          |   |
|---|-----------|----|-------|----------|---|
| Address   | lahassee, | FL | 32301 | 222-1092 |   |
| City  | State     |    | Zip   | Phone    | _ |

700002434617--6 -02/19/98--01001--020 \*\*\*\*\*86.25 \*\*\*\*\*86.25

**CORPORATION(S) NAME** 

|   |   | oly i  |
|---|---|--|
| Edencare Ma   | nagement and Advison                                  | J Services The Asset   |
| ( ) Profit<br>( ) NonProfit<br>( ) Foreign            | ( ) Amendment ( ) Dissolution/Withdrawal              | () Merger STATE STATE OF STATE |
| () Reinstatement () Fictitious Name () Certified Copy | () Annual Report () Name Registration () Photo Copies | () Other<br>() Change of R.A.<br>() UCC Filing   |
| () Call When Ready () Walk In () Mail Out             | () Call if Problem<br>() Will Wait                    | () After 4:307<br>() Pick Up   |
| Name<br>Availability<br>Document<br>Examiner          | Please Return Extra Copies File Stamped.              | WED.   |
| Updater Verifler Acknowledgment                       | Hank You!!!   | end M  |
| W.P. Verifier   |   | 3/9/98   |



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 19, 1998

CT CORP. SYSYTEM

SUBJECT: EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P. Ref. Number: W98000003707

We have received your document for EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Janmi,

Letter Number: 698A00009536

Please backdate this filing Whank you.

## Florida Department of State, Jim Smith, Secretary of State

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

| 1           | EDENCARE MANAGEMENT AND   | ADVISORY SERV                            | ICES, L.P.  |
|-------------|---|--|---|
| (Name o     | of limited partnership as it is in the he   | ome state;                               | \$ 00g  |
| 2.          |   |  | P. T.   |
| (If name    | e is unavailable, name under which the business in Florida; must contain the we   | he limited partners                      | ship proposes to register or "LTD.")                    |
|             |   |  |   |
| 3           | DELAWARE (State of Formation)   | 4  | June 6, 1997 (Date of Formation)                        |
|             | (State of Polination)   |  | (Date of Formation)                                     |
| 5           |   | PORATION SYSTEM                          |   |
|             | (Name of Registered Agent   | for Service of Pr                        | ocess)  |
| 5.          | c/o C T Corporation   | System, 1200 Sout                        | th Pine Island Road                                     |
|             | (Street Address of Re   |  | –   |
| 3           | Plantation  | , Florida                                | 33324   |
|             | (City)  | ,  | (Zip Code)  |
| 7. Accepta  | ance by the Registered Agent for Serv   | vice of Process.                         |   |
| _           | C T CORPORA:  | TION SYSTEM                              |   |
|             | Conie   | Bux                                      |   |
|             | (Officer must i   | sign of this line)                       | >V  |
|             |   | SSISTANT SECRETAR<br>I Title of Officer) | <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>        |
|             | ` •••   |  |   |
| (Addres     | in Addendum s of Registered Office required in State of Office.)  | ite of Formation o                       | r, if not required, Address of                          |
| O. NAME     | OF GENERAL PARTNERS   | SPE                                      | ECIFIC ADDRESS  |
|             |   | North Main Street                        | , Alpharetta, Georgia                                   |
|             | F98-949   |  | . <del></del>   |
|             | 31 North Main Street, Al<br>Office where Names, Addresses and (   |  |   |
| capital con | mited partnerhsip will undertake to lear intributions of the limited partner or ling in Florida is cancelled or withdrawn | imited partners uni                      | listing the addresses and til the limited partnership's |
| 12.         | 31 North Main Street, Al  | pharetta, Geo:                           | rgia 30201  |
|             | (Mailing Address of   |  |   |
| (mra r      | D 2010 - 2/1/02)  |  |   |

| This   | day of February   | , 19 <u>98</u> . |                                       | SECRETARE OF ON OR |
|--------|---|------------------|---------------------------------------|--|
|        | SEE ATTACHED SIGNATURE AND NOTARY E                               | PAGE             |                                       | 10 SEC.  |
| •      | General Partner   |                  | · · · · · · · · · · · · · · · · · · · | PM 1: 09   |
| STATE  | E OF GEORGIA  |                  |                                       | 1: 09<br>AT 64:0                                       |
| COUN   | TY OF   |                  |                                       | 0.   |
| of     | FOREGOING instrument was acknowled , 19, byEdenCare Manage        | gement, Inc.     | (Name of Gen                          |  |
| EDENC  | ARE MANAGEMENT AND ADVISORY S of Limited Parntership), A Delaware | ERVICES, L.P.    | (State or Co                          | untry) Limited   |
| -      | thsip, on behalf of the Limited Partner                           |                  | () late 01 &                          | antify Limitou   |
| _      |   | _                |                                       |  |
|        | Notary Public   |                  |                                       |  |
|        | State of Georgia at Large   |                  |                                       |  |
| (SEAL) | My Commis   | sion Expires:    |                                       | •  |

SIGNATURE PAGE TO FLORIDA DEPARTMENT OF STATE - APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA FOR EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P.

## EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P., a Delaware limited partnership

By: EdenCare Management, Inc., a Delaware corporation, its General Partner

By: Mark T Spiegel, Vice President and Secretary

STATE OF GEORGIA

COUNTY OF Fultor

8 8

THE FOREGOING instrument was acknowledged and sworn to before me this 34 day of February, 1998, by Mark T. Spiegel, the Vice President and Secretary of EdenCare Management, Inc., a Delaware corporation and the sole General Partner of EDENCARE MANAGEMENT AND ADVISORY SERVICES, L.P., a Delaware limited partnership, on behalf the corporation and limited partnership.

Ollison U. Colex

Notary Public

State of Georgia

My Commission Expires: Dec. 4, 200

[SEAL]

## Addendum

 c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801

ON WHAT S ON 1: 09

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

| REFORE ME, the undersigned       | i, personally appeared See 1 in Addendum  |
|----------------------------------|---|
| general partner of See 2 in Add  | partnership, hereinafter referred to as the "Partnership", who  |
| Delaware Ilmited                 | partnership, hereinafter referred to as the "Partnership", who  |
| certifies as follows:            |   |
|                                  | •   |
| 4. The amount of capital conti   | ributions of the limited partners is \$ 100   |
| I. The amount of capital cont    | Indianatio of the money - b.  |
|                                  |   |
| a. The auticipated amount of     | the capital contributions of the limited partners that are allo-  |
| coted for the purposes of traits | sacting business in Florida is \$-0-  |
| Caren int tile berbeses et man   |   |
| This are done of Mar             | <u>ch</u> , 19 <u>98</u> .  |
| This 9th day of Mar              | <u> </u>  |
| CURRENT APPLANT CAVE             | TU NOT  |
| FURTHER AFFIANT SAYE             | IN NOT.   |
|                                  | declare that I have read the foregoing and that the facts are   |
| Under penalties of perjury is    | isciale filst i lisve lead the lotogonia and mer we   |
| true, to the best of my knowle   | das auc panai.  |
|                                  | <del>-13</del> -  |
|                                  | Z <sub>s</sub>  |
|                                  | General Partner  See 3 In Addendum  |
|                                  | - // / /  |
|                                  | See 3 In Addendum   |
|                                  | See 3 In Addendum   |
|                                  | P. 299  |
|                                  | i de la companya de   |
|                                  | see 3 in Addendum  PA OF STATE  O9 OF STATE |
| STATE OF GEORGIA                 | 9 <u>6</u>  |
| COUNTY OF Fulton                 | 5   |
| DATE 3/9/98                      |   |
| DEFORE ME the undereigne         | ad officer, a Notary Public authorized to administer oaths and  |
| BEFORE ME, the undersigned       | and for the State and County set forth above, personally ap-  |
| to take acknowledgine its in     | (General Partner, known to me and known by  |
| peared see the person who exe    | and for the State and County set forth above, personally de-<br>————————————————————————————————————  |
| acknowledged to me and bal       | fore me that he executed this Affidavit as General Partner of said  |
| partnership.                     |   |
| partitioners.                    | have hereunto set my hand and affixed my official seal, in the  |
| IN WITNESS WHEREOF, I            | thisday of,   |
| State and County aforesaid,      | tillsady or   |
| 19 <u>.48</u>                    |   |
|                                  | Notary Public   |
|                                  | Notary Public   |
| Canl                             | · •   |
| Seal                             | State of GEORGIA at Large   |
|                                  | My Commission Expires:  |
|                                  | Notary Public, Forsyth County, Georgia My Commission Expires Dec. 4, 2001   |
|                                  | the Marie manages of the same of the same of  |
| (FLA LP 2820 - 9/20/90)          |   |

#### Addendum

- 1. Mark T. Spiegel, Vice President and Secretary of EdenCare Management, Inc.
- 2. EdenCare Management and Advisory Services, L.P.
- 3. Mark T. Spiegel, Vice President and Secretary of EdenCare Management, Inc.
- 4. Mark T. Spiegel, Vice President and Secretary of EdenCare Management, Inc.

