

Document Number Only

B98000000523

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

700002620957--0

-08/20/98--01057--023  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Westlake Nursing Home Limited Partnership

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Co.          | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Foreign             | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of State    |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call if Problem    |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Will Wait              | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             |   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

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

AUG 20 1998

Thanks,  
Jeff

File Second

Florida Department of State, Sandra B. Mortham, Secretary of State  
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Westlake Nursing Home Limited Partnership  
(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. Oklahoma 4. September 9, 1986  
(State of Formation) (Date of Formation)
5. Ron Lusk  
(Name of Registered Agent for Service of Process)
6. 6245 N. Federal Hwy., 5th Floor  
(Street Address of Registered Office)
- Fort Lauderdale, Florida 33308  
(City) (Zip Code)

FILED  
98 AUG 20 PM 3:10  
STATE DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

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

Ron Lusk  
(Officer must sign on this line)

8. c/o The Corporation Company, 735 First National Bldg., Oklahoma City, OK 73102

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

9. NAME OF GENERAL PARTNERS

STREET ADDRESS

Westlake Management Company

6245 N. Federal Hwy., 5th Floor

Fort Lauderdale, FL 33308

10. 6245 N. Federal Hwy., 5th Floor, Fort Lauderdale, FL 33308  
(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. 6245 N. Federal Highway, 5th Floor, Fort Lauderdale, FL 33308

(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 18<sup>th</sup> day of August, 19 98.

per President

General Partner  
Westlake Management Company

STATE OF Florida

COUNTY OF Broward

On this 18<sup>th</sup> day of August, 19 98.

Westlake Management Company personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Suzette Berg  
(Notary Public Signature)

SUZETTE BERG  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP**

BEFORE ME, the undersigned, personally appeared Westlake Management Company,  
a general partner of Westlake Nursing Home Limited Partnership, a(an) Oklahoma  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

*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 18<sup>th</sup> day of August, 19 98.

[Signature]  
General Partner  
Westlake Management Company

FILED  
92 AUG 29 PM 3:11  
NOTARY PUBLIC, FLORIDA

STATE OF Florida

COUNTY OF Broward

On this 18<sup>th</sup> day of August, 19 98,

Westlake Management Company personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

SUZETTE BERG  
(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_