

Document Number

B99000000353

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

100002998551-1
-09/28/99-01003-010
***1793.75 ***1793.75

CORPORATION(S) NAME

Wynwood of Sarasota L.P.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 AM 8:35

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Thanks, Melanie ☺

BK 9/27/99

LD - 178500
CERT 8-75

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

1. Wynwood of Sarasota L.P.
 (Name of limited partnership as it is in the home state)

2. ~~Wynwood of Sarasota Limited Partnership~~
 (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. September 13, 1999
 (State of Formation) (Date of Formation)

5. C T 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.
 C T CORPORATION SYSTEM
Connie Bryan Connie Bryan, Special Asst. Secy.
 (Officer must sign on this line)

8. 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005
 (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAME OF GENERAL PARTNERS STREET ADDRESS
Alterra Healthcare Corporation 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005
F946W003182

10. 450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005
 (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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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12.450 N. Sunnyslope Rd., Suite 300, Brookfield, WI 53005

(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 22 day of September, 1999

T.E. Komula

General Partner
Thomas E. Komula

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DIVISION OF CORPORATIONS
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STATE OF Wisconsin

COUNTY OF Waukesha

On this 22nd day of Sept., 19 99

Thomas E. Komula personally appeared before me.

who is personally known to me

whose identity I proved on the basis of _____

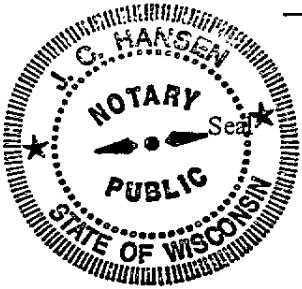
J.C. Hansen

(Notary Public Signature)

J.C. Hansen

(Notary's Printed Name)

My Commission Expires: 5/26/02



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared _____, a general partner of Wynwood of Sarasota L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 350,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 350,000.00

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 22 day of September, 19 99

[Signature]
General Partner
Alterra Healthcare Corporation

STATE OF Wisconsin
COUNTY OF Waukesha

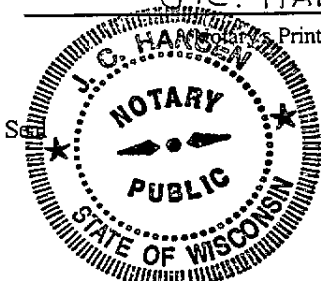
On this 22nd day of Sept., 19 99,

Thomas Komula personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

J.C. HANSEN
(Printed Name)



My Commission Expires: 5/26/02

FILED STATE SECRETARY OF CORPORATIONS
99 SEP 27 AM 8:05