

F0100000 4493

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Housing Incorporated
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Bonnie Jean Clark

(Name of Person)

Senior Housing Inc.

(Firm/Company)

2021 E. Hennepin Ave Suite 130

(Address)

Minneapolis MN 55413

(City/State and Zip Code)

2001 AUG 24 PM 1:02
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

300004481893-5
-07/18/01-01004-002
*****87.50 *****87.50

Bonnie Jean Clark

(Name of Person)

at (612) 617-7842

(Area Code & Daytime Telephone Number)

Bonnie Jean CLARK

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 18, 2001

BONNIE JEAN CLARK
SENIOR HOUSING INC
2021 E HENNEPIN AVE SUITE 372
MINNEAPOLIS, MN 55413

SUBJECT: SENIOR HOUSING, INC.
Ref. Number: W01000016585

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SENIOR HOUSING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 501A00042217



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 8, 2001

BONNIE JEAN CLARK
SENIOR HOUSING INC
2021 E HENNEPIN AVE SUITE 372
MINNEAPOLIS, MN 55413

We have received your document for SENIOR HOUSING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Since your certificate is more than 90 days old we will require a current certificate.

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) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 101A00045685

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. SENIOR HOUSING, ~~INCORPORATED~~ INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. MN
(State or country under the law of which it is incorporated)
3. 41-1328794
(FEI number, if applicable)
4. 8-3-78
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON Qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 2021 East Hennepin Ave Suite 324, Minneapolis, MN 55413
(Principal office address)
- SAME AS ABOVE
(Current mailing address)

8. PUBLICATION of SENIOR HOUSING DIRECTORY
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: LORRAINE P. PEATE

Office Address: 154 OLIVE TREE CIRCLE

ALTAMONTE SPRINGS, Florida 32714
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lorraine P. Peate
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

~~12.~~ Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

*Completed just
enclosed*
*Also completed
just - no check*

Attached

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. David G. Larson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David G. Larson - Treasurer
(Typed or printed name and capacity of person signing application)

SENIOR HOUSING, INCORPORATED
BOARD MEMBER & STAFF
2021 EAST HENNEPIN AVE. SUITE 372 MPLS, MN 55413
PHONE (612) 617-1921 • FAX (612) 617-1022
shi@isd.net www.seniorhousingdirectory.com

President – TOM MELCHIOR Larson – Allen Financial 220 S. Sixth St., Suite 1000 Minneapolis, MN 55402-4505 Phone (612) 376-4706	JEANNE CROWE Metro Center for Independent Living 1600 University Ave. West, Suite 16 St. Paul, MN 55104 Day (651) 603-2008/215-4600
Vice President – MIMI NACHMAN 3004 Wind Cave Court Burnsville, MN 55337	
Treasurer – DAVE LARSON Metro Center for Independent Living 1600 University Ave. West, Suite 16 St. Paul, MN 55104 Day (651) 603-2003	
Secretary – SUE FERGUSON The Walker Campus Public Relations Coordinator 3737 Bryant Ave. South Minneapolis, MN 55409 Day (612) 827-8319	
WILLARD JONES, Sr. Powderhorn Community Council Brown Krause Manor 3633 Chicago Ave. Minneapolis, MN 55409	
MARCI HOLLEY-BARTLETT Marketing Director Minneapolis Public Housing Authority 1001 Washington Ave. North Minneapolis, MN 55401-1043 Phone (612) 342-1413	

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TALLAHASSEE, FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

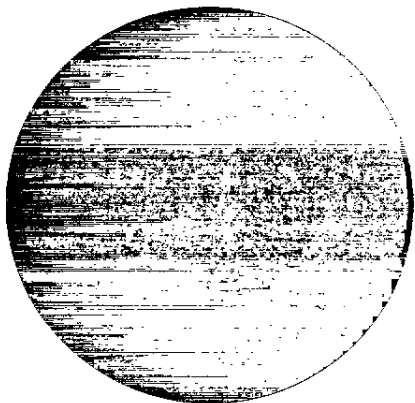
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Senior Housing, Inc.

Date Formed: 04/06/1978

Chapter Governed By: 317A

This certificate has been issued on 08/14/01.



Mary Kiffmeyer
Secretary of State.