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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Examiner

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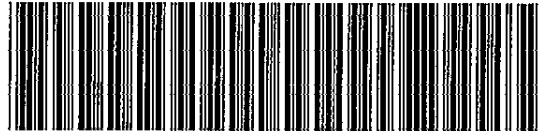
Updater

Updated
Verifier

Office Use Only

Acknowledgment

RECEIVED
03 FEB 28 PM 3:23
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA



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02/27/03--01005--022 **8.75

02/27/03--01005--021 **70.00

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03 FEB 26 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

February 26, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 95666239 WO
Customer Reference 1: 2280
Customer Reference 2: .479 Trailside

Dear Secretary of State, Florida:

Please file the attached:

Pomacy corporation (DE)
Qualification
Florida
Pomacy corporation (DE)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pomacy Corporation

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)

2. Delaware

(State or country under the law of which it is incorporated)

3. Applied For

(FEI number, if applicable)

4. 2/24/03

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10000 Innovation Drive, Milwaukee, WI 53226

(Principal office address)

same

(Current mailing address)

8. Ownership of assisted living residences

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

By: Denise B...

(Registered agent's signature)

GONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

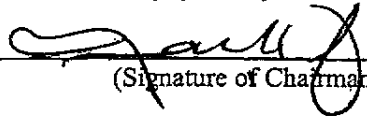
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark W. Ohlendorf, Vice President
(Typed or printed name and capacity of person signing application)

**POMACY CORPORATION
OFFICERS AND DIRECTORS**

		Street Address	City, State, Zip
<u>Officers:</u>			
Patrick F. Kennedy	Chief Executive Officer, President	10000 Innovation Drive	Milwaukee, WI 53226
Mark W. Ohlendorf	Vice President, Secretary and Treasurer	10000 Innovation Drive	Milwaukee, WI 53226
Kristin A. Ferge	Vice President, Assistant Secretary	10000 Innovation Drive	Milwaukee, WI 53226
Geri Krupp-Gordon	Vice President, Assistant Secretary	10000 Innovation Drive	Milwaukee, WI 53226

Directors:

Patrick F. Kennedy	10000 Innovation Drive	Milwaukee, WI 53226
Mark W. Ohlendorf	10000 Innovation Drive	Milwaukee, WI 53226

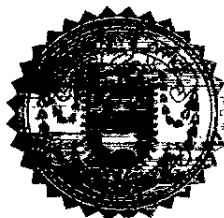
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POMACY CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2003.

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03 FEB 26 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3628660 8300

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AUTHENTICATION: 2273069

DATE: 02-25-03