

# F03000002956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RECEIVED  
03 JUN 16 AM 11:17  
DIVISION OF CORPORATION

FILED  
03 JUN 16 PM 12:35  
TALLAHASSEE, FLORIDA

*PR*

CT CORPORATION

June 16, 2003

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

FILED  
JUN 16 PM 12:35  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

Re: Order #: 5871350 SO  
Customer Reference 1: 30819-00020  
Customer Reference 2: DE-Direct

Dear Secretary of State, Florida:

Please file the attached:

*Owner*  
Heathbrook Ocala-Investor Corp. (DE)  
Qualification  
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.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@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. Heathbrook Ocala Owner Corp

(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. \_\_\_\_\_

(FEI number, if applicable)

4. June 12, 2003

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(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. Attn: Doug Johnson, Amacar GP, Inc., 6526 Morrison Blvd. Ste. 318, Charlotte, NC 28211

(Principal office address)

Attn: Doug Johnson, Amacar GP, Inc., 6526 Morrison Blvd. Ste. 318, Charlotte, NC 28211

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under the GCL

(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: \_\_\_\_\_

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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JUN 16 PM 12:35  
03  
SECRET  
FEDERAL RESERVE BANK  
NEW YORK

B. OFFICERS

President: Michael Arpey

Address: CSFB, Eleven Madison Avenue

New York, NY 10010

Vice President: Edward Nadel, David M. Russell

Address: CSFB, Eleven Madison Avenue

New York, NY 10010

Secretary: Lori Russo

Address: CSFB, Eleven Madison Avenue, New York, NY 10010

Treasurer: Zev Kindler

Address: CSFB, Eleven Madison Avenue, New York, NY 10010

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

13. Edward Nadel

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

14. Edward Nadel, V.P.

(Typed or printed name and capacity of person signing application)

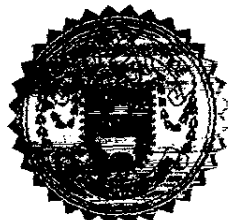
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEATHBROOK Ocala OWNER CORP" 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 TWELFTH DAY OF JUNE, A.D. 2003.

FILED  
JUN 16 PM 12:35  
DELAWARE STATE  
HALLWAY OFFICE FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2468915

DATE: 06-12-03