



THE UNITED STATES  
CORPORATION  
COMPANY

# F99000005359

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 19 PM 2:59

ACCOUNT NO. : 072100000032

REFERENCE : 415234 4731708

AUTHORIZATION :

COST LIMIT :

*Patricia Pigut*  
\$ 70.00

ORDER DATE : October 15, 1999

ORDER TIME : 12:59 PM

ORDER NO. : 415234-010

600003018556--9

CUSTOMER NO: 4731708

CUSTOMER: Ms. Felicia A. Bates  
Classic Residence By Hyatt  
200 West Madison Street  
Suite 3700  
Chicago, IL 60606

### FOREIGN FILINGS

NAME: CC-BOCA, INC.

(5)

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

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99 OCT 19 PM 1:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Bye*  
*10/19/99*

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.

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1. CC-Boca, Inc.  
(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. 36-4320822  
(FEI number, if applicable)
4. 9/17/99  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 200 West Madison, Suite 3700, Chicago, IL 60606  
(Current mailing address)

8. to own and operate a rental life care facility in Boca Raton, Florida  
(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: Corporation Service Company  
Office Address: 1201 Nays Street  
Tallahassee, Florida, 32301  
(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.*

Corporation Service Company  
By: Margaret A. Pike  
(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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: See attached officers/directors rider

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

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: See attached officers/directors rider

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. Matthew K. Phillips

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

14. Matthew K. Phillips, Assistant Secretary

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Penny Pritzker  
200 West Madison  
Chicago, IL 60606

Nicholas J. Pritzker  
200 West Madison  
Chicago, IL 60606

John Kevin Poorman  
200 West Madison  
Chicago, IL 60606

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**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

**President and Director -** Penny Pritzker  
200 West Madison  
Chicago, IL 60606

**Executive V.P. and Director -** John Kevin Poorman  
200 West Madison  
Chicago, IL 60606

**Vice President and Secretary -** Harold S. Handelsman  
200 West Madison  
Chicago, IL 60606

**Vice President and Treasurer -** Peter Muhlbach  
200 West Madison  
Chicago, IL 60606

**Assistant Secretary -** Matthew K. Phillips  
200 West Madison  
Chicago, IL 60606

*State of Delaware*  
*Office of the Secretary of State*

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CC-BOCA, INC." 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 FIFTEENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES  
HAVE NOT BEEN ASSESSED TO DATE.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 16 PM 2:59



*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

3098371 8300

DATE:

0028195

991437193

10-15-99