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Verifier				
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W.P. Verifier

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Winter Haven LLC (Name of fore	ien lir	mited liability company)		
	(2 33330 02 2023	_	• • • • • • • • • • • • • • • • • • • •		
Delaware		<u>.</u> 3.	39-1958734		_
(Jurisdiction under the company is organized	e law of which foreign limited liabil l)	ity	(FEI number, if applicable)		
March 31, 1999		5.	Perpetual		
(Date	of Organization)		(Duration: Year limited liability company will exist or "perpetual")	cease to	
6. August 18, 2000					
(Date	first transacted business in Florida.	(See s	sections 608.501, 608.502, and 817.155, F.S.)	_	
7. 10000 Innovation D	rive			0	9
Milwaukee, WI 53	226			0 2	
		lress o	f principal office)		
	,			17	7
3. If limited liability	y company is a manager-mana	ged c	company, check here 🗷	PM	CURPORMI
. The usual busine	ss addresses of the managing	neml	bers or managers are as follows:	$\ddot{\wp}$	KAI
Alterra Healthcare	Corporation, 10000 Innovation Driv	e Mil	lwankaa WI 53226	53	ION
					_
		осору	lays old, duly authenticated by the official having cur is not acceptable. If the certificate is in a foreign lar		- 19001
ranslation of the certifica	ess or purposes to be conducte	d or	promoted in Florida: To own, operate, lease	, manage	-
ranslation of the certifica	ess or purposes to be conducted ted living and/or dementia care facilities.	•	promoted in Florida: To own, operate, lease	, manage	- _,
ranslation of the certifica	.	•	promoted in Florida: To own, operate, lease	, manage	_·

Typed or printed name of signed

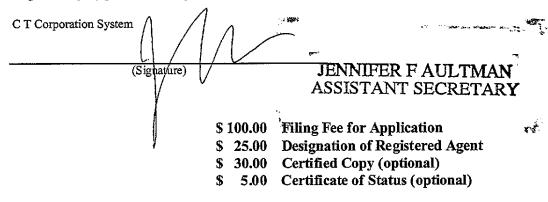
Mark W. Ohlendorf

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Sterling Cottage of Winter Haven, LLC	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
c/o C T Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



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State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STERLING COTTAGE OF WINTER HAVEN
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST,
A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

0617512

AUTHENTICATION:

08-14-00

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DATE: