CT CORPORATION SYSTEM

CORPORATION(S) NAME

# M01000000008

| AHC Lakeland SPE, LLC     |  |                      | ·                |
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| (.) Foreign               | () Dissolution/Withdrawal () Reinstatement         | () Mark              | AAMO<br>BY O     |
| () Limited Partnership    | () Annual Report                                   | () Other             |                  |
| LLC                       | () Name Registration                               | () Change of RA      |                  |
|                           | () Fictitious Name                                 | (),UCC               | 3<br>3<br>5      |
| Certified Copy            | () Photocopies                                     | V cus                | <u>-</u>         |
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 500004685816--7 -11/16/01--01067--006 \*\*\*\*\*160.00 \*\*\*\*160.00



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 2001

CT CORPORATION SYSTEM

SUBJECT: AHC LAKELAND SPE, LLC

Ref. Number: W01000026402

We have received your document for AHC LAKELAND SPE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

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

Please list the date first transacted business in Florida on line 6 of the application and the address of the principal office on line 7.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 201A00062073



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 16, 2001

CT CORPORATION SYSTEM

SUBJECT: AHC LAKELAND SPE, LLC

Ref. Number: W01000026402

We have received your document for AHC LAKELAND SPE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

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.)

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 201A00061895

# 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:

| 1  | AHC Lakeland SPE, LLC   |        |         |  |
|----|---|--------|---------|--|
|    | (Name of foreign limited liability company)   | _      | - •     |  |
| 2  | Delaware 3, 39-2041059  |        |         |  |
|    | (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)   | _      |         | f  |
| 4. | October 31, 2001 5. Perpetual   |        |         |  |
|    | (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")   | -      |         | ( <b>1</b>   |
| 6. | Den Pune  |        |         |  |
|    | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)  |        |         | with the same areas Address  |
| 7. | "10000 Innovation-Drive.  |        |         |  |
|    | Milwanke, WI C3226  |        | ⊇ .     | 1 1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  |
|    | (Street address of principal office)  |        | 5       | >  |
| 8. | If limited liability company is a manager-managed company, check here   | ·      | <u></u> | PRRC   |
| 9. | The usual business addresses of the managing members or managers are as follows:  | ;<br>; | :2 H9   |  |
|    | 10000 Innovation Drive, Milwaukee 53226   |        | ည       |  |
|    |   |        | J       | ···  |
|    |   |        |         |  |
|    |   |        |         | "  |
|    |   |        | -       |  |
|    |   |        |         |  |
| _  |   |        | • :     | The Section of The Se |
| ,  | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipinstiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) | ords   | sin     |  |
| 1. | Nature of business or purposes to be conducted or promoted in Florida: Ownership of assisted  |        |         |  |
|    | residence.  |        |         |  |
|    | Kristin Ferre   |        | -       | _  |
|    | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)   |        |         |  |
|    | Kristin Ferge, Vice President of the sole member of the sole member   |        |         |  |
|    | Typed or printed name of signee   |        | **      | 7 7 7 77   |

# 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 | y Company is:                                   |                              |          |
|--------------------------------------|---|------------------------------|----------|
| AHC Lakeland SPE, LLC                |   |                              |          |
| 2. The name and the Florida street   | address of the registered agent and office are: |                              |          |
|                                      |   |                              |          |
| C T Corporation System               | <u> </u>  | <u> </u>                     |          |
|                                      | (Name)  | ECKET<br>FLAH                | >        |
| c/o C T Corporation Sys              | tem, 1200 South Pine Island Road                | ARY<br>ASSE                  | 一三全至     |
| Florida si                           | reet address (P.O. Box <u>NOT</u> ACCEPTABLE)   | PH 12:<br>F OF ST<br>EE, FLC |          |
| Plantation                           | FL 33324  |                              | <b>:</b> |
|                                      | 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..

| C T Corporation System  |  |
|-------------------------|--|
| la Bolda                |  |
| (Signature) JOAN BOLDEN |  |
| ASSISTANT SECRETARY     |  |

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

NOV-16-2001 10:10

## State of Delaware

PAGE 1

## Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AHC LAKELAND SPE, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY PURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OLNOV 16 PHI2: 35
SECRETARY OF STATE



Darriet Smith Windson

3452436 8300 AUTHENTICATION: 1449237

010579945

DATE: 11-15-01