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DATE:

\j

12/15/14

NAME: PACIFICA SUN CITY MILTON LP

TYPE OF FILING: CERTIFICATE OF LP

COST:

1,000.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pacifica Sun City Milton	LP ·
	nership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	hip and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Deepak Israni	
Contact Person	
Pacifica Companies	•
Firm/Company	
1775 Hancock St., Ste 200	
Address	
San: Diego, CA 92110 City, State and Zip Code	
rphillips@pacificacompanies.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter	er, please call:
	at (619) 296-9000
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	t:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status \$60.00 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
CR2E030 (01/06)	

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1, Pacifica Sun City Milton LP		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
2. 1775 Hancock St., Ste 200	_	
San Diego, CA 92110 (Street address of initial designated office)	_	
3 Paracorp Incorporated		
(Name of Registered Agent for Service of Process)	;	
4. 155 Office Plaza Drive, 1st Floor		
(Florida street address for Registered Agent)	<u>.</u> ∞	
Tallahassee, FL 32301		
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.	ت د	Same and the same
SEE ATTACHED	_ ==	
Signature of Registered Agent	08	
6. 1775 Hancock St., Ste 200	, G	
(Mailing address of initial designated office)		
San Diego, CA 92110	_	
	1	
7. If limited partnership elects to be a limited liability limited partnership, check box		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/15/2014

ENTITY NAME: Pacifica Sun City Milton LP

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

SECRETARY OF STATE TALEAHASSEE, FLORIDA

Sharon Cooke, Assistant Secretary Paracorp Incorporated

Sharon Corre

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