

A14000000714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

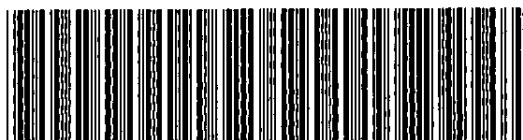
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265730569

12/16/14--01001--010 **1000.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC 15 PM 4:48
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 DEC 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 15 2014

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12/15/14

NAME: PACIFICA SUN CITY OCALA LP

TYPE OF FILING: CERTIFICATE OF LP

COST: 1,000.00 *check is attached*

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000013

AUTHORIZATION: ABBI PAUL HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacifica Sun City Ocala LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership 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 report notification)

For further information concerning this matter, please call:

Richard Phillips

Name of Contact Person

at (619)

296-9000

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,
Certified Copy, and
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

FILED

14 DEC 15 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Pacifica Sun City Ocala 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 L.L.P.

2. 1775 Hancock St., Ste 200

(Street address of initial designated office)

San Diego, CA 92110

3. Paracorp Incorporated

(Name of Registered Agent for Service of Process)

4. 155 Office Plaza Drive, 1st Floor

(Florida street address for Registered Agent)

Tallahassee, FL 32301

5. 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.

SEE ATTACHED

Signature of Registered Agent

6. 1775 Hancock St., Ste 200

(Mailing address of initial designated office)

San Diego, CA 92110

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 Ocala 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 Statutes.

Sharon Cooke

Sharon Cooke, Assistant Secretary
Paracorp Incorporated

FILED
14 DEC 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

PAC Sun City Inc.

1775 Hancock St., Ste 200

San Diego, CA 92110

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 15 PM 4:10

FILED

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 12th day of December, 2014.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Legal Owner
Daphne Esenri, Secretary
of PAC Sun City Inc

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75