

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCL Properties I, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Malcolm T. Manwell, Esq.

Contact Person

Perry, Johnson, Anderson, Miller & Moskowitz, LP

Firm/Company

438 First Street, 4th Floor

Address

Santa Rosa, CA 95401

City, State and Zip Code

Brian@praxcap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Werling

at (707) 525-8800

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input checked="" 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 Fee,
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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 JUN 18 PM 2:33

FILED

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

FILED 13 JUN 18 PM 3:33 STATE OF FLORIDA

1. PCL Properties I, 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. California State or Country of Formation 3. 07/08/2010 Date of Formation

4. Federal Employer Identification Number: 27-3053307

5. Name of Registered Agent for Service of Process and Florida Street Address:

CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324

6. 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.

By: C T Corporation System Connie Bryan Assistant Secretary

7. Principal Office: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403

8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Praxis Capital, LLC Name of General Partner: Street Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Street Address: Mailing Address: 333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Mailing Address: Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

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Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 7th day of June, 2013



 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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FILED
 13 JUN 18 PM 2:33
 STATE OF FLORIDA
 FALL ANNA SIE, FLORIDA

**State of California
Secretary of State**

FILED
13 JUN 18 PM 2:33
CLERK OF STATE
PALLAS STREET, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME: PCL PROPERTIES 1, LP

FILE NUMBER: 201019300004
FORMATION DATE: 07/08/2010
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 23, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State