

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000138544 3)))



H130001385443ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : PCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Rmail Address:	Rmail	Address:	
----------------	-------	----------	--

FLORIDA/FOREIGN LP/LLLP PCL PROPERTIES 1, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

6/18/2013

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

				COTENDE	1 1044				
	Registration Sect Division of Corp								
SUBJEC	PCL Propert	ies I, LP							
\$CINJEK	Nam	s of Foreign Limited Partn	ersh	ip or Limited I	inblifty	Limited Partnership			
partnersh	rip to transact bus	certificate of status and fe- siness in Florida. ndence concerning this mat			register	a foreign limited partnership or l	imited liabl	lity (imi	ted
Malcoin	a T. Manwell, Es	q.							
		Contact Person			•				
Perry, Je	hnson, Andersor	ı, Miller & Moskowitz, LP							
		Firm/Company			~		<u> </u>		
438 Firs	t Street, 4th Floor	T						<u>ដ</u>	
		Address			•		ម្លែក លោក	\subseteq	***
Santa Ri	ова, CA 95401	_					တို့ရ တို့ရ		(And to state
	Ci	ly, State and Zip Code			•		- KJ-4	00	ij Springens
	praxcap.com						14 - 14 - 14 - 15 - 15 - 15 - 15 - 15 -		
E-mail	address: (to be u	sed for future annual repor	t not	lification)	-		SALT SALT	Ÿ	()
For furth	er information oc	oncerning this matter, pleas						ယ	
Cathy W	Verling		at.	(707	525-8	800	<u></u>	ယ	
	Name of Contac	t Person		Area Code a	nd Dayti	ime Telephone Number			
Enclosed	is a check for th	e following amount:					•		
(\$965 Fi).00 Filing Foes ling Fee and istored Agent	D \$1,008.75 Filing Fees and Certificate of Status		\$1,052,50 Filir id Cardfied Co		1 \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status			
Registrati Division Clifton E 2661 Exc	T ADDRESS: ilon Section of Corporations Building occutive Center Ci see, FL 32301	irole	Re Di P.	AILING ADE gistration Sectivision of Corp O. Box 6327 allahassee, FL	ion orations				

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT RUSINESS IN PLORIDA

•	IO IMMAK	T Business in Florida	
PCL Properties 1, L	P	•	
Acceptable Limited Pa	rinership suffixes: Limited Parinersh	ity Limited Partnership, which must include so ip, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or	ت بن بن ا
If name unavailable	name under which the limited nartner	ship or limited liability limited partnership propo	ses to register to transfer
14 (1001) O(100 - 100 O)	business in Floride	a; must contain acceptable suffix.	95 C
2. California		3, 07/08/2010	## W
Stat	e or Country of Formation	Date of Formation	
4. Federal Employer	Identification Number: 27-3053307		
5. Name of Resisters	d Agent for Service of Process and I	Florida Street Address:	
C T Corporation System	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
1200 South Pine Islan	d Ross		
Plantation, Florida 33	324		•
6. I hereby accept the	appointment as registered agent and	agree to act in this capacity. I further agree to c	omply with the provisions
		mance of my duties, and i am familiar with and a	ccept the obligations of
my position as regis	dered agent. C T Corporation Sy	rstem Connie Br	HAA
	By:	. 12. COMBO SI	Ģ Ģ Β 1
			
	Signatu	re of Registered Agent Assistant Se	
7. Principal Office:	Signatu	re of Registered Agent (SS)SLOO) SS	
7. Principal Office: 3333 Mendocino Ave	-	8. Malling Address: 3333 Mendocino Avenue, Suite 110	
•	nue, Suite 110	8. Mailing Address:	
3333 Mendocino Ave	nue, Suite 110	8. Mailing Address: 3333 Mendocino Avenue, Suite 110	
3333 Mendocino Ave Santa Rosa, CA 9540	nue, Suite 110	8. Mailing Address: 3333 Mendocino Avenuo, Suite 110 Santa Rosa, CA 95403	
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner	nue, Suite 110 3 ship is a limited liability limited par	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box .	
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal	nue, Suite 110 3 ship is a limited liability limited par	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box .	
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal	nue, Suite 110 3 ship is a limited liability limited par	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box .	
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General	nue, Suite 110 3 ship is a limited liability limited par	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box . of each general partner: Name of General Partner:	cestary
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General	mue, Suite 110 3 ship is a limited liability limited paroffice address, and mailing address Portner: Praxis Capital, LLC	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box . of each general partner: Name of General Partner:	astarų
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address:	nue, Suite 110 3 ship is a limited liability limited par office address, and mailing address Partner: Praxis Capital, LLC 3333 Mendocino Avenue, Suite 110	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box of each general partner: Name of General Partner: Street Address:	cestary
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address:	mue, Suite 110 3 ship is a limited liability limited par office address, and mailing address Partner: Partner: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box . of each general partner: Name of General Partner: Street Address:	getary
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address;	ship is a limited liability limited par office address, and mailing address Partner: Praxis Capital, LLC 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 333 Mendocino Avenue, Suite 110 Sente Rosa, CA 95403	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box . of each general partner: Name of General Partner: Street Address: Mailing Address:	Gelon,
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address; Name of General	mue, Suite 110 3 ship is a limited liability limited par office address, and mailing address Partner: Praxis Capital, LLC 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 333 Mendocino Avenue, Suite 110 Sents Rosa, CA 95403 Partner:	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box of each general partner: Name of General Partner: Mailing Address: Name of General Partner:	cestory
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address; Name of General	mue, Suite 110 3 ship is a limited liability limited par office address, and mailing address Partner: Praxis Capital, LLC 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 333 Mendocino Avenue, Suite 110 Sents Rosa, CA 95403 Partner:	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box . of each general partner: Name of General Partner: Street Address: Mailing Address:	cestory
3333 Mendocino Ave Santa Rosa, CA 9540 9. If limited partner 10. Name, principal Name of General Street Address: Mailing Address: Name of General Street Address:	ship is a limited liability limited par office address, and mailing address Partner: Praxis Capital, LLC 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 333 Mendocino Avenue, Suite 110 Senta Rosa, CA 95403 Partner:	8. Mailing Address: 3333 Mendocino Avenue, Suite 110 Santa Rosa, CA 95403 Inership, check box of each general partner: Name of General Partner: Mailing Address: Name of General Partner:	Gelon,

Name of General Pariner:		Page 1 of 2 Name of General Parince	<u> </u>	
Street Address:	<u>-</u> :	Street Address:		
		Mailing Address:		
11. Effective date, if other than the (Effective date cannot be prior to no	e date of filing:_ or more than 90 days o	fter the date this document is filed b	y the Florida Department of S	State.)
12. Attached is a certificate of existe Florida Department of State, by the the law of which it is organized.	nce duly authenticate	d, not more than 90 days prior to the	delivery of this application to	o the
Signed this	day of June	2013		
	Br	Bele-		
	Sign	inture of a general partner		
The individual aigning this documer submitted in a document to the Dep-	it affirm that the facts artment of State consti	stated herein are true and the individ tutes a third degree felony as provid	iual is aware that false inform ed for in s.817.155, F.S.	ation
Filing Fees: Certified Copy (optional); Certificate of Status (optional);		\$1,000.00 (\$965 Filing Fee and \$52,50 \$8.75	\$35 Registered Agent Fcc)	
·.		Page 2 of 2	P.	
			88.	0
			· 40 mg Cd	
				ည အ
			January Mary Crash Mary Mary Mary Mary	ယ်

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PCL PROPERTIES 1, LP

FILE NUMBER:

201019300004

FORMATION DATE:

07/08/2010

TYPE:

DOMESTIC LIMITED PARTNERSHIP

JURISDICTION: STATUS:

CALIFORNIA 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** Secretary of State