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COVER LETTER

TO: Registration : Division of C				
SUBJECT:	Pacifica (Name of Limit	BRSW Led Liability Company	LC	
The englosed Asticles	of Organization and fee(s) are	milweited for filing		
		_		
	pondence concerning this matt	ter to the following:		
Deepal	< Israni	· .		
		Name of Person		
Pacifica	a Companies			
		Firm/Company		
1775 Hancock St., Ste 200				
<u></u>		Address		
San Die	ego, CA 9211	0		
RPHILLIP	S@PACIFICACO	ry/State and Zip Code OMPANIES.COM for future annual report notification)		
For further information	concerning this matter, please	•	·	
Richard Phillips		at 619 296-90	000	
Name	of Person	Area Code & Daytime Telep		
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:	
The name of the	Limited Liability Com	pany is:
<u> </u>	Must end with the words "Lim	3 R S W LUC ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A		of the principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
1775 Hancock St., Ste 200		1775 Hancock St., Ste 200
San Diego CA 92110		San Diego CA 92110
	·	
(The Limited Liability business entity with a	Company cannot serve as its of an active Florida registration.) e Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
	Paracorp incorporated	Name Sa
	155 Office Plaza Driv	
	Florida	succe address (1.0. Box MOT acceptable)
	Tallahassee	FL 32301 ₹
		City, State, and Zip
liability comp registered agen all statutes relo	any at the place design at and agree to act in th ating to the proper and	City, State, and Zip and to accept service of process for the above stated limited attended in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memi	ber
MGR	Deepak Israni
	1775 Hancock St., Ste 200
	San Diego CA 92110
	
	40
(Use attachment if necessary))
ARTICLE V: Effective date, if other If an effective date is listed, the diprior to or 90 days after the date of	r than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days filing.)
REQUIRED SIGNATURE	: / /

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am 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.)

Deepak Isranl

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE