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K. SALY EXAMINER APR 28 2015

## 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:

4/27/15

NAME:

PACIFICA WILLOW BROOKE LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	(Company in
The name of the Limited Liability	Company is.
Pacifica Willow Brooke LLC	
(Must end with the wor	rds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street ad	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1775 riancock St., Ste 200	
San Diego, CA 92110	
<del></del>	
(The Limited Liability Company cannot serve business entity with an active Florida regist)  The name and the Florida street a  Paracorp Incorporate the Paracorporate the Paracorp Incorporate the Paracorporate the Paracorpo	ddress of the registered agent are:
	Name 20 3
155 Office P	faza Drive, 1st Floor
	Florida street address (P.O. Box NOT acceptable)
Tallahassee,	T. 18
	City, State, and Zip
liability company at the place registered agent and agree to ac all statutes relating to the prop	I agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of er and complete performance of my duties, and I am familiar with position as registered agent as provided for in Chapter 608, F.S
	see attached
Register	ed Agent's Signature (REQUIRED)
·	

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:	
"MGR" = Manager		50°.
"MGRM" = Managing Membe		7915 NPR 27 H
	لينيه أيكي	62
MGR	Deepak Israni ලැසි	
	1775 Hancock St., Ste 200	The state of
	San Diego, CA 92110	
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	<del></del>	
	nan the date of filing: (OPTIONAL)	
LE V: Effective date, if other the fective date is listed, the date	nan the date of filing: (OPTIONAL)  e must be specific and cannot be more than five business du  ing.)	ys
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LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five business da	ys
LE V: Effective date, if other the frective date is listed, the date or 90 days after the date of file recourse.  Signature of a (In accordance with seconstitutes an affirmatic I am aware that any fals	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)	ys
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ffective date is listed, the date of file or 90 days after the date of file recovery.  Signature of a line accordance with section constitutes an affirmatic I am aware that any fals constitutes a third degree.	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)	ys
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ARTICLE IV- Manager(s) or Managing Member(s):

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#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 4/27/2015

ENTITY NAME: Pacifica Willow Brooke LLC

#### 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.

Sharon Cooke, Assistant Secretary

Strange Cashe

Paracorp Incorporated