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To:

Division of Corporations

Pax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053
Phone: (561)694-8107

Fax Number : (561)694-1639

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

Address:	
į	lddress:

FLORIDA LIMITED LIABILITY CO.

Pacifica Fort Myers LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

M. MOON

COVER LETTER

	egistration Section Avision of Corporations		
ci in inc	Pacifica Fort Myers LLC		
Subjec:		lited Liebility Company	
The enclo	sed Artioles of Organization and fee(s) un	submitted for filing.	
Please ret	urn all correspondence concerning this ma	iter to the following:	
	Decpak Israni		
		Name of Person	
	Pacifica Fort Myers LLC		
		Firm/Company	
	1775 Hancock Street, Suite 200	•	
		Address	က ေက်ာ္က က
	San Diego, CA 92110		
	nsutherland@pseificacompanies.com	ity/State and Zip Code	co
	E-mail address; (to be used	for future annual report notification)	<u> </u>
For further	information concerning this matter, please	e call:	N
	Nicole Sutherland 6	9 296-9000	φ <u>J</u> m
		res Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	cd)
	Mailing Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF	ORGAN IZ AT I ÓN FÓR	FLORIDA LIMIT	ED LIABILITY COMI	PANY		
ARTICLE I - Name: The name of the Limited Liability	/ Company is:					
Pacifica Fort Myers I						
(Must end v	with the words "Limited	i Liability Comp	any, "L.L.C.," or "LL	.C."}		
ARTICLE II - Address: The malling address and street ad	ldress of the principal c	office of the Limi	ted Liability Compan	ıy is:		
<u>Princips</u>	Office Address:	•	Mullip	g Address:		
1775 Hancock Street San Diego, CA 92116	Suite 200		775 Hancock Street, an Dicgo, CA 92110			
ARTICLE III - Registered Age (The Limited Liability Company	cannol serve as its own	r Registered Age		te un individual or	16	Es.
another business entity with an a	ctive Florida registratio	on.)			en En	(
The name and the Florida street a	iddress of the registered See Abt	_				موسر. تشتر در د
		Name	<u> </u>			- 55
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	••••••	12:28	
	City	State	Zip			. •
Having been named as registered of place designated in this certificate, further agree to comply with the praint familiar with and accept the ob	I hereby accept the apportions of all statutes t	cointment as regi relating to the pro	stered agent and agre- per and complete per	s to act in this capacity. formance of my duties, a	1	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Clife;	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager AGR	Extended Care Portfolio Tonant LLC	
1017	1775 Hancock Street, Suite 200	
	San Diego, CA 92110	
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Use attachment if necessary)		
	the date of filing: (OPTIONAL)	
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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

10/18/2016

ENTITY NAME:

Pacifica Fort Myers 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.

Charan Contro Assistant Formation

Sharon Core

Sharon Cooke, Assistant Secretary Paracorp Incorporated 16 OCT 18 (2012): 28