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	New Filing Se Division of Co				
empre~	Pacifica T	imbers MHP LLC			
SOBJEC	ı:	Name of Lin	ited Liability Company		
The enclo	sed Articles o	f Organization and fee(s) are	submitted for filing.		
Please rett	urn all corresp	ondence concerning this ma	tter to the following:		
	<u></u>				
			Name of Person		
	Paracorp In	corporated			
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	155 Office	Plaza Drive, 1st Floor			
			Address		
	Tallahassee	, FL 32301			
			ty/State and Zip Code		
		@myparacorp.com			
		E-mail address; (to be used to	for future annual report notificat	ion)	
or furth e r i	nformation co	ncerning this matter, please	call:		
	N1		ea Code Daytime Telephon		
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Enclosed is	s a check for t	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	IS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MHP LLC				
(Must co	natin the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	Liability Company is:		
<u>Princ</u>	ipal Office Address:		Mailing Adds	ress:	
1775 Hancock Stro			5 Hancock Street Suite 20	00	
San Diego, CA 92	110	San	Diego, CA 92110		
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with a The name and the Florida street	ny cannot serve as its own active Florida registrati	m Registered Agent. ion.)	it's Signature: You must designate an ind	dividual or	
	Paracorp Incorporat	ted			
		Name			
	155 Office Plaza Di				
	Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)		
	Tallahassee	FL	32301		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the am familiar with and accept the c	e. I hereby accept the approvisions of all statutes t	nointment as registere relating to the proper	ed agent and agree to act t and complete performand	in this capacity. I se of my duties, and I	
	Judy M. Rogis	tered Agent's Signat	ure (REQUIRED)	/	
	Chooled W. Rogis	And And full for the state of Agent's Signature (CONTINUED)	ure (REQUIRED)		

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Deepak Israni 1775 Hancock Street Suite 200 San Diego, CA 92110
•	
EV: Effective date, if other than the dective date is listed, the date must be if filing.) the date inserted in this block does not nent's effective date on the Department.	sate of filing:
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EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of A This document is exe I am aware that any face.	specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be ent of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)