

11/26/2013 14:36

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Division of Corporations

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Florida Department of State  
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.

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAC00000023  
Phone : (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.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
PACIFIC PARK MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05 ✓
Estimated Charge	\$70.00

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STATE OF FLORIDA  
TALLAHASSEE

*K* 11/27/13

**\*RE-SUBMIT\***

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Help

Please attach original filing  
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11/26/2013 9:45:36 From: To: 8506176381

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850-617-6381 11/25/2013 11:56:59 AM PAGE 1/001 Fax Server



November 25, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PACIFIC PARK MANAGEMENT, INC.  
REF: W13000065012

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verify and correct the "City" name for the Registered Agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000259034  
Letter Number: 713A00027122

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DIVISION OF CORPORATIONS

**\*RE-SUBMIT\***

Please reach original filing  
date of submission 11/22

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Pacific Park Management, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**John Merkle**

Name of Person

**Kay & Merkle, LLP**

Firm/Company

**100 The Embarcadero, Penthouse**

Address

**San Francisco, CA 94105**

City/State and Zip code

**jmerkle@kmlaw100.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**John Merkle**

Name of Person

at ( **415** ) **357-1200**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pacific Park Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. C1944694

(FEI number, if applicable)

4. 07/25/1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 465 California Street, Suite 473, San Francisco, CA 94105

(Principal office address)

465 California Street, Suite 473, San Francisco, CA 94105

(Current mailing address)

8. Management Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

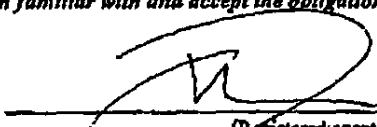
Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**Joe Villeda**  
**Assistant Secretary**



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV 22 AM 11:40

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Sam Tadesse, Founder and Managing Director

Address: 465 California Street, Suite 473

San Francisco, CA 94104

Director: Bahallu Mekbib, Founder and Managing Director

Address: 465 California Street, Suite 473

San Francisco, CA 94104

B. OFFICERS

President: Sam Tadesse

Address: 465 California Street, Suite 473

San Francisco, CA 94104

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Bahallu Mekbib, Managing Director

(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

**ENTITY NAME:**

**PACIFIC PARK MANAGEMENT**

**FILE NUMBER:** C1944694  
**FORMATION DATE:** 07/25/1995  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 November 20, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

TPP