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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122
Attn: Lalaine Landau (33140)

L. SELLERS
APR 21 2010
EXAMINER

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

Email Address: thekla.saltzman@rialtocapital.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
CML-NC PINNACLE, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$160.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
CML-NC PINNACLE, LLC
(a Florida limited liability company)**

1. The name of the limited liability company is CML-NC Pinnacle, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are:

700 NW 107th Avenue
Suite 400
Miami, FL 33172
3. The name and the Florida street address of the registered agent and office of the limited liability company are:

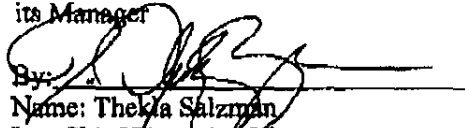
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
4. The limited liability company is to be member-managed. The sole member of the limited liability company is Multibank 2009-1 CML-ADC Venture, LLC, a Delaware limited liability company.

Dated: as of April 20, 2010.

SOLE MEMBER:

Multibank 2009-1 CML-ADC Venture, LLC,
a Delaware limited liability company

By: RL CML 2009-1 Investments, LLC, a
Delaware limited liability company,
its Manager

By: 
Name: Thekla Salzman
Its: Chief Financial Officer

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**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Dated: as of April 20, 2010

CF Corporation System

By: 

Madonna Cuddihy
Special Assistant Secretary

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