# 112-000082066

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EXAMINE

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TO



### CORPORATION SERVICE COMPANY

Α	CCOUNT	NO.	•	120000000199	5
-		T.O.	•		•

REFERENCE: 246804 752747

AUTHORIZATION: Spelle le man

COST LIMIT : \$ 1/5 %...00

ORDER DATE: June 19, 2012

ORDER TIME : 4:11 PM

ORDER NO. : 246804-005

CUSTOMER NO: 7527475

## DOMESTIC FILING

NAME: CVA SOUTH BOND INVESTORS, LLC

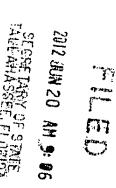
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:



# **COVER LETTER**

TO:				
CIID IE	CT. CVA	South Bond Investors, LLC		
SUDJE		Name of Limit	ed Liability Company	
	•			
The end	Division of Corporations  SUBJECT: CVA South Bond Investors, LLC  Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Patricia A. Costa  Name of Person  Silver Companies  Firm/Company  1001 E Telecom Dr  Address  Boca Raton FL 33431  City/State and Zip Code  pcosta@silverco.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Patry Costa  Name of Person  at (			
Please	return all corr	espondence concerning this matt	ter to the following:	
	D	0.4		
	Patricia A.	Costa	Name of Person	Status &
	Division of Corporations  BJECT: CVA South Bond Investors, LLC  Name of Limited Liability Company  enclosed Articles of Organization and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Patricia A. Costa  Name of Person  Silver Companies  Firm/Company  1001 E Telecom Dr  Address  Boca Raton FL 33431  City/State and Zip Code  peosta@silverco.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  tty Costa  Name of Person  at ( 561 981-5252 Area Code & Daytime Telephone Number  slosed is a check for the following amount:  1.00 Filing Fee (S130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address  Registration Section Division of Corporations  Division of Corporations			
	Silver Com	panies		
			Firm/Company	
	1001 E Tel	ecom Dr		
•			Address	
	Roca Rator	FI. 33431		
•	Dood Rates		y/State and Zip Code	
	pcosta@sil			
_		E-mail address: (to be used f	for future annual report notification)	
For fur	her informati	on concerning this matter, please	e call:	
Dotte	Costs		561 081 5252	
Fally	<del></del>	me of Person	all )	
			•	
Enclos	ed is a check	for the following amount:	•	
\$125.00	Filing Fee		Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	&
		Registration Section Division of Corporations	Registration Section	<b>省</b>

Tallahassee, FL 32301

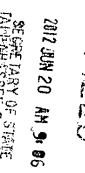
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#### ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIARUUTY COMPANY

ARTICLES OF ORGANIZATION FOR	FLORIDA LIVII I ED LIABILAT I COMPANI
ARTICLE I - Name: The name of the Limited Liability Company	' is:
CVA South Bond Investors, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	and street address of the principal office of the Limited Liability Company is:  Mailing Address:  1001 E Telecom Dr
Principal Office Address:	Mailing Address:
1001 E Telecom Dr	1001 E Telecom Dr
Boca Raton FL 33431	Boca Raton FL 33431
The name and the Florida street address of the Corporation Service Com	
1201 Hays Street	
Florida street	address (P.O. Box NOT acceptable)
Tallahassee	FL 32301 , State, and Zip
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	Kimberty B. Moret

(CONTINUED)

Page 1 of 2



## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Silver Capital Advisors, LLC	
	Fredericksburg VA 22401	
<del></del>		
		<del></del>
(Use attachment if necessary)		
LEV: Effective date, if other than th	e date of filing: (O	PTIONA

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jesse A. Holsouser, CFO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

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