

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.

(((H12000269941 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Please retain original filing

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Of SUBMISSION 11/13

Account Number : FCA000000023 : (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. \*\*

Time 2 7	Address:		
CILICAL T	VOOTERR:		

## FLORIDA LIMITED LIABILITY CO. RL BB ACQ VI-FL DPFJ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/13/2012

01:21 2102/01/11 86666336092

PAGE 01/05

NOITAROGRAD TO

o do de la de la



November 14, 2012

PLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: RL BB ACQ VI-FL DPFJ, LLC

REF: W12000057388

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.

Not a complete zip code in #2.

Please return 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) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: E12000269941 Letter Number: 712A00027433

RECEIVED
12 NOV 14 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

### **COVER LETTER**

Division of C			
SUBJECT:	RL BI	B ACQ VI-FL DPFJ, LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
		Lori Buckler	· · · · · · · · · · · · · · · · · · ·
		(Name of Person)	
	Rialto Ca	pital Management, LLC	
		(Firm/Company)	
	730	NW 107th Avenue	
		(Address)	
		mi, Florida 33172	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	oall:	
Lori Buckler		at (305 ) 229-6688	
(Name	of Person)	(Arsa Code & Daytime T	elephone Number)
Enclosed is a check fo	or the following amount:		
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassoe, FL 32301	- 18

PLOSE - 9/09/05 C T System Outline

FILED

12 NOV 13 AM 8: 58

#### ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE; FLORIDA

OF

## RL BB ACQ VI-FL DPFJ, LLC (a Florida limited libility company)

- 1. The name of the limited liability company is: RL-BB ACQ VI-FL DPFJ, LLC
- 2. The mailing and street address of the principal office of the limited liability company are:

730 NW 107 Avenue Suite 400 Miami, FL 3 3 1 7 2

3. The name and the Florida street address of the Registered Agent and Registered. 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 RL BB 2012 LT1, LLC, a Delaware limited liability company.

Dated as of November 12, 2012.

SOLE MEMBER:

RL BB 2012 LT1, LLC a Delaware limited liability company,

By: Rialto Capital Advisors, LLC, a Delaware limited liability company, its attorney-in-fact

Lori Buckler, Organizer

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

•	MH		tat Y	* . Va. 4 W	1 . 4 . 19 ta	A	. +
Į.	Trio	name or	TOO L	miced t	TROILLY.	Соприлу	Ίδ,

RL BB ACQ VI-FL DPFJ, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, Plorida 33324 City/State/Zip

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.

C T Corporation System

(Signature)

Madonna Cuddihy
Special Assistant Secretary

S 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.09 Certificate of Status (optional)

FLOST - SYMUS CIT Evenes Dalle

23

PAGE 05/05

CT CORPORATION

11/14/5015 15:10 8626336035

 $\mathbf{\omega}$