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.

(((H12000275244 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone 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:

## FLORIDA LIMITED LIABILITY CO. RREF RB SBL-FL DOE, 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

11/20/2012

PAGE 01/05

CT CORPORATION

8656336092

11/50/5015 14:55

### **COVER LETTER**

	livision of Corporations	
SUBJECT	r, RREF RB SBL-FL DOB, LLC	
GODGECI	Name of Lin	nited Liability Company
The enclos	ed Articles of Organization and fee(s) at	e submitted for filing.
Please retu	rn all correspondence concerning this m	atter to the following:
4		
		Name of Person
CT	Corporation System	
		Firm/Company
515	5 East Park Avenue	
<u></u>		Address
TAL	LAHASSEE, FL 32301	
<del></del>	C	Sty/State and Zip Code
lori.	buokler@rialtocapital.com	
		for future annual report notification)
For further	information concerning this matter, pleas	so call:
Connie Bry	an	at ( 850 ) 222-1092
	Name of Person	Ares Code & Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fili	.*	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, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FL052 - 01/17/2011 C.T System Online

SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 NOV 20 AM 7: 50

### ARTICLES OF ORGANIZATION

· OF

# RREF RB SBL-FL DOE, LLC (a Florida limited libility company)

- 1. The name of the limited liability company is: RREF RB SBL-FL DOE, 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 3172

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 RREF RB ACQUISITIONS, LLC, a Delaware limited liability company.

Dated as of November 16, 2012.

SOLE MEMBER:

RREF RB ACQUISITIONS, LLC a Delaware limited liability company,

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

er, Organizer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 NOV 20 AM 7: 50

# 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.

_
-
•
·

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, F.S.

Madonna Cuddihy

(Signature)

Madonna Cuddihy

Special Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PL084 - 9/28/99 CT System Califor