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To:

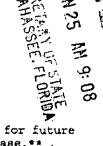
Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368



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

sme 1 1	Address:		 	

### FLORIDA LIMITED LIABILITY CO. RES-FL JGL, LLC

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

**JAN 28 2018** 

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1/25/2013

#### **COVER LETTER**

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TO: Registration S Division of C	Sectión orporacions	:		
SUBJECT:	RES-F	il igi, lic		
30D#DQ1	(Name of Limits	d Liability Company)		US REPORT
	,		4	E W. C.
The enclosed Articles	of Organization and fee(s) are :	submitted for filing.	×,	3
Please return all corres	pondence concerning this mate	er to the following:	•	SALS HI O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.
		Lori Buckler		175%
	(	Name of Person)		OF THE
•		****		4
<del></del>		pital Management, LLC (Firm/Company)		•
		(First Contpany)		
	730	NW 107th Avenue		
		(Address)		
		mi, Florida 33172	····	
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Lori Buckler		ut (305 ) 229-6688		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
_	or the following amount:			
J\$125.00 Filing F⇔	S \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee &	\$160,00 Filing Fee,	
	Ceruncate of Stants	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		(manualle 441) to southern)	(additional copy is enclosed)	
	Malling Address	Street/Courier Addres	<u> </u>	
•	Registration Section Division of Corporations	Registration Section Division of Corporation	nu	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center		
		Tallahassee, FL 32301		I

FL052 - 9/09/05 G T System Online

#### ARTICLES OF ORGANIZATION

OF

RES-FL JGL, LLC (a Florida limited libility company)

The name of the limited liability company is: RES-FL JGL, LLC

SALES AND OR The mailing and street address of the principal office of the limited liability 1. company are:

> 730 NW 107 Avenue Suite 400 Miami, FL 33172

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

The limited liability company is to be member-managed. The sole member of the limited liability company is Multibank 2009-1 RES-ADC Venture, LLC, a Delaware limited liability company.

Dated as of January 22, 2013.

#### SOLE MEMBER:

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

By: Rialto Capital Advisors, LLC, a Delaware limited liability company,

its attorney-in-fact

Lori Buckler, Authorized Signatory

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## 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The	name of the I	imited Liabilit	y Company is:	:		
	•				•	>

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•	C T Corporation System	•
,	(Name)	*****
		•
,	1200 South Pine Island Road	•
?	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	<del></del>
·		
	Plantation, Piorida 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.

By: Nod 11 (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)

FLOST - 570 N/O3 C 7 Sycholo Challes