

7/25/2013 5:49:18 PM To: 8500176383

Division of Corporations

( 1/4 )

Page 1 of 1

**L13000105546**

Florida Department of State  
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.

(((H13000166423 3)))



H130001664233ABC-

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

FILED  
2013 JUL 25 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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 II-FL GIL, LLC

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

RECEIVED

13 JUL 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 26 2013

J. BRYAN

(850) 245-6051.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RREF RB SBL II-FL GIL, 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:

Lori Buckler

Name of Person

Rialto Capital Management, LLC

Firm/Company

790 NW 107th Avenue, Suite 400

Address

Miami, FL 33172

City/State and Zip Code

lori.buckler@rialtocapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Buckler

305

229-6688

at ( )

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2013 JUL 25 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF**

**RREF RB SBL II-FL GIL, LLC**  
(a Florida limited liability company)

**FILED**  
2013 JUL 25 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the limited liability company is: **RREF RB SBL II-FL GIL, LLC**

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

790 NW 107 Avenue  
Suite 300  
Miami, FL 33172

2. 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

3. The limited liability company is to be member-managed. The sole member of the limited liability company is **RREF RB SBL II ACQUISITIONS**, a Delaware limited liability company.

Dated as of July 24, 2013.

**SOLE MEMBER:**

**RREF RB SBL II ACQUISITIONS, LLC**  
a Delaware limited liability company,

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

By:   
Lori Buckler, Authorized Signatory

FILED  
2013 JUL 25 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

RREF RB SBL II-FL GIL, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation, Florida 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.*

CT Corporation System

By: 

(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)