

8/12/2013 12:48:13 From: To: 8506176383

Division Corporations

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# L1300013729

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

2013 AUG 12 AM 8:42  
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
RREF SNV III-GA FFL, LLC**

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

J. SAULSBERRY  
EXAMINER

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(850) 245-6051.

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RREF SNV III-GA FFL, 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:

<u>Lori Buckler</u>	2013 AUG 12 AM 8:42 STATE OF FLORIDA
Name of Person	
<u>Rialto Capital Management, LLC</u>	
Firm/Company	
<u>790 NW 107th Avenue, Suite 400</u>	
Address	
<u>Miami, FL 33172</u>	
City/State and Zip Code	
<u>lori.buckler@rialto-capital.com</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>Lori Buckler</u>	<u>305</u>	<u>229-6688</u>
Name of Person	at ( )	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF ORGANIZATION**

**OF**

**RREF SNV III-GA FFL, LLC**  
(a Florida limited liability company)

The name of the limited liability company is: **RREF SNV III-GA FFL, 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 SNV ACQUISITIONS LLC**, a Delaware limited liability company whose address is as follows:

790 NW 107 Avenue  
Suite 300  
Miami, FL 33172

Dated as of August 12, 2013.

**SOLE MEMBER:**

**RREF SNV 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

2013 AUG 12 AM 8:42  
OFFICE OF THE CLERK  
STATE OF 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 SNV III-GA FFL, 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)

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TALLAHASSEE  
FLORIDA