

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 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.
RL BB6-FL PAU, LLC

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

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13 SEP 25 PM 3:07
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TALLAHASSEE, FLORIDA

FILED
13 SEP 25 AM 9:00
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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

J. Shivers SEP 26 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RL BB6-FL PAU, 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 300
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 at (305) 229-6688
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

ARTICLES OF ORGANIZATION

OF

RL BB6-FL PAU, LLC
(a Florida limited liability company)

1. The name of the limited liability company is: **RL BB6-FL PAU, LLC**
2. The mailing and street address of the principal office of the limited liability company are:

790 NW 107 Avenue
Suite 300
Miami, FL 33172

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

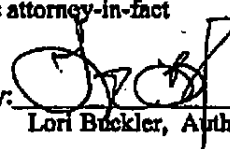
4. The limited liability company is to be member-managed. The sole member of the limited liability company is **RL BB6 ACQUISITION, LLC**, a Delaware limited liability company.

Dated as of September 24, 2013.

SOLE MEMBER:

RL BB6 ACQUISITION, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 25 AM 9:00
FILED

**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:

RL BB6-FL PAU, 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)