## C14000003741

or's Name)
e/Zip/Phone #)
WAIT MAIL
Entity Name)
nt Number)
Certificates of Status
Officer:

Office Use Only



400255007744

14 月 一7 表 年 26

JAN - 8 2014 T CLINE 20H JAH - 7 M 9-59



ACCOUNT NO. : 12000000195	
REFERENCE: 948551 7866623	
AUTHORIZATION :	
COST LIMIT : \$ 125.00	
ORDER DATE : January 2, 2014	 
ORDER TIME : 3:07 PM	
ORDER NO. : 948551-165	
CUSTOMER NO: 7866623	
	 <b></b> -
DOMESTIC FILING	
NAME: PINE STATE ROAD 80 HOLDINGS, LLC	
EFFECTIVE DATE:	2014
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	<u>ي</u> 9
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	PINE STATE ROAD 80 HOLDIN	IGS, LLC	
308312	Name of L	imited Liability Company	_
The enc	losed Articles of Organization and fee(s)	are submitted for filing.	
Please r	eturn all correspondence concerning this r	natter to the following:	
	Kathleen Leuschel		
		Name of Person	
	Sabal Financial Group, L.P.		
		Firm/Company	
	4675 MacArthur Court, Suite 1550	)	3
		Address	
	Newport Beach, CA 92660		
		City/State and Zip Code	
	angie.smith@sabalfin.com; lathy.	louschel@sabalfin.com (to be used for future annual report notification)	
For furtl	er information concerning this matter, place		٠ س ک
Kathlee	en Leuschel	949 381-2784	·
	Name of Person	Area Code Daytime Telephone Number	<del></del>
Enclosed	l is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PINE STATE ROAD 80 HOLDINGS, LLC (Must end with the words "I.	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE $\Pi$ - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660	4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as in another business entity with an active Florida registered and the Florida street address of the reg	ts own Registered Agent. You must designate an individual or istration.)
Corporation Service Co	mpany
	Name
1201 Hays Street	
Florida street address (P.	O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov	cept service of process for the above stated limited liability company at a accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S  Company

(CONTINUED)

Page 1 of 2

2014 JAN - 7 AM 9: 59

(In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo.  Kathleen Leusche	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  al, Authorized Representative Typed or printed name of signee	
Signature of a mem (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State	
Kathlen Signature of a memi	ber or an authorized representative of a member.	
<del> </del>	- Christian	
REQUIRED SIGNATURE:	Lave et all	
Æ VI: Other provisions, if any.	ent of the Company for purposes of the Company's busines	SS.
ective date is listed, the date must be speci of filing.)	ific and cannot be more than five business days prior to or 90 (	lays :
LE V: Effective date, if other than the date of	f filing: (OPTIONAL)	
(Use attachment if necessary)		
·		
	Newport Beach, CA 92660	
AMBR	Pine Holdco, LLC 4675 MacArthur ourt, Suite 1550	
	Newport Beach, CA 92660	
	Sabal Financial Group, L.P. 4675 MacArthur Court, Suite 1550	
"MGR" = Manager MGR		

Page 2 of 2