## \*/ 14000003756

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT MAIL                       | -           |
| (Business Entity Name)                  | <del></del> |
| (Document Number)                       | —           |
| Certified Copies Certificates of Status |             |
| Special Instructions to Filing Officer: |             |
|   |             |
|   |             |
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Office Use Only



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2014 JAN - 7 AM 10: 24
SECRETARY OF STATE
SALLAHASSEE. FLORIDE

DESCRIVED SIATE

K. SALY EXAMINER

JAN -8 2014



| ION SENTICE COMPANI   |
|---|
| ACCOUNT NO. : 12000000195   |
| REFERENCE: 948551 7866623   |
| AUTHORIZATION :   |
| COST LIMIT : \$ 125.00  |
| ORDER DATE : January 2, 2014  |
| ORDER TIME : 3:04 PM  |
| ORDER NO. : 948551-115  |
| CUSTOMER NO: 7866623  |
| DOMESTIC FILING  NAME: PINE MARABELLA HOLDINGS, LLC                                   |
| EFFECTIVE DATE:   |
| 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                   |
| CONTACT PERSON: Susie Knight - EXT. 52956   |
| EXAMINER'S INITIALS:  |

## **COVER LETTER**

| <b>TO</b> :     | Registration Section<br>Division of Corporations  |  |
|-----------------|---|--|
| SUBJEC          | PINE MARABELLA HOLDIN   | GS, LLC  |
| 30 <b>0</b> 000 |   | of Limited Liability Company   |
| The enclo       | sed Articles of Organization and fee  | (s) are submitted for filing.  |
| Please ret      | urn all correspondence concerning the   | nis matter to the following:   |
|                 | Kathleen Leuschel   |  |
|                 |   | Name of Person   |
|                 | Sabal Financial Group, L.P.   |  |
|                 |   | Firm/Company   |
|                 | 4675 MacArthur Court, Suite 1   | 550  |
|                 |   | Address  |
|                 | Newport Beach, CA 92660   |  |
|                 |   | City/State and Zip Code  |
|                 | angle.smith@sabalfin.com; latt  | ny. leuschel@sabalfin.com ss: (to be used for future annual report notification)                                   |
| For further     | r information concerning this matter,   | , , , , , , , , , , , , , , , , , , ,  |
|                 | -   | •  |
| Kalmieen        |   | 949 381-2784<br>at ()  |
|                 | Name of Person  | Area Code Daytime Telephone Number   |
| Enclosed i      | s a check for the following amount:   |  |
| \$125.00 F      | iling Fee \$130.00 Filing Fee<br>Certificate of Status  |  |
|                 | 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 |

Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF   | ORGANIZATION FOR   | ed Liability Company, "L.L.C.," or "LLC.")  office of the Limited Liability Company is:   |          |
|---|--|---|----------|
| ARTICLE I - Name:   |  |   | _        |
| The name of the Limited Liabilit  | v Comnany ic   | 9% 1  |          |
| was of the Billion  | y Company is.  | Eg 🐉 (  |          |
|   |  |   | 67       |
| PINE MARABELLA HOLDING  |  | 70°72 4   | 0        |
| (Must end   | with the words "Limited  | ed Liability Company, "L.L.C.," or "LLC.")  |          |
| ARTICLE II - Address:   |  |   | .        |
|   | ddress of the principal of   | office of the Limited Liability Company is:   | <i>;</i> |
|   | aoreas or me principal   | The same same same same same same same sam  | 1        |
| Principal Office Address:   | <u>Mail</u>  | lling Address:  |          |
| 4675 MacArthur Court, Suite   | 1550   | 4675 MonArthur Court, Suito 1550  |          |
| Newport Beach, CA 92660   | 1330   | 4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660  | ł        |
| Tromport Boddin, Ort O2000  |  | Newport Deach, Ort 52500  | }        |
| another business entity with an a<br>The name and the Florida street a                                | · ·  |   |          |
| Corpora   | ation Service Compar   | iny   | 1        |
|   | Name   | ne  | 1        |
| 1201 Ha   | ays Street   |   |          |
| Florida   | street address (P.O. Bo  | ox NOT acceptable)  |          |
| Tallaha   | ssee   | <sub>FL</sub> 32301   |          |
| <del></del>   | City   | Zip   | 1        |
| the place designated in this co<br>capacity. I further agree to con<br>of my duties, and I um familia | ertificate, I hereby accep<br>nply with the provisions<br>r with and accept the ol | service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in opter 605, F.S  The property of the above stated limited liability company.  Sixt. A Knight |          |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member<br>"MGR" = Manager   |  |
| MGR   | Sabal Financial Group, L.P.  |
|   | 4675 MacArthur Court, Suite 1550   |
|   | Newport Beach, CA 92660  |
| AMBR  | Pine Holdco, LLC   |
|   | 4675 MacArthur ourt, Suite 1550  |
|   | Newport Beach, CA 92660  |
|   |  |
|   |  |
|   |  |
|   |  |
| , v 4v  |  |
|   |  |
|   |  |
| EV: Effective date, if other than the ctive date is listed, the date must be  | date of filing:  |
| EV: Effective date, if other than the ctive date is listed, the date must be filling.)  EVI: Other provisions, if any.  | date of filing:  |
| f filing.) E VI: Other provisions, if any. ber and the Manager are each REQUIRED SIGNATURE:   |  |
| EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any. ober and the Manager are each secours of the Manager are each signature of (in accordance with seconstitutes an affirmation of the manager that any fall arm aware that any fall.      | an agent of the Company for purposes of the Company's busine   |
| EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any. other and the Manager are each short and the Manager are each slight signature of (in accordance with seconstitutes an affirmation of an aware that any falconstitutes a third degree. | an agent of the Company for purposes of the Company's busine  Level Leve |
| EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any. other and the Manager are each short and the Manager are each slight signature of (in accordance with seconstitutes an affirmation of an aware that any falconstitutes a third degree. | an agent of the Company for purposes of the Company's busines  Method Lewis Land In the Company for purposes of the Company's busines  member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penaltics of perjury that the facts stated herein are true, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)  |