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IDN SERVICE COMPANY"					
ACCOUNT NO. : 12000000195					
REFERENCE: 948551 7866623					
AUTHORIZATION : COST LIMIT : \$ 125.00					
COST LIMIT : \$ 125.00					
ORDER DATE : January 2, 2014					
ORDER TIME : 2:55 PM					
ORDER NO. : 948551-020					
CUSTOMER NO: 7866623					
DOMESTIC FILING					
NAME: PINE CENTRAL PARKWAY 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

	egistration Section vision of Corporations				
STID TECT	PINE CENTRAL PARKWAY HOLDIN	VGS, LLC			
SUBJECT: Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s) are su	abinitted for filing.			
Please retur	n all correspondence concerning this matte	r to the following:			
	Kathleen Leuschel				
	, , , , , , , , , , , , , , , , , , ,	lame of Person			
	Sabal Financial Group, L.P.				
	J	Pirm/Company			
	4675 MacArthur Court, Suite 1550				
		Address			
- 1	Newport Beach, CA 92660				
City/State and Zip Code					
	angle.smith@sabalfin.com; lathy. leuse	e used for future annual report notification)			
For further	information concerning this matter, please of				
Kathleen l		381-2784			
	Name of Person Are	a Code Daytime Telephone Number			
Enclosed is	a check for the following amount:				
\$125.00 Fil	Certificate of Status	\$155.00 Filing Fee & S160.00 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:		
	RKWAY HOLDINGS, L	LC "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address an		incipal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:		Mailing Address:	
4675 MacArthur Co Newport Beach, CA		4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660	_
(The Limited Liability another business entity	Company cannot serve as y with an active Florida re ida street address of the re	egistered agent are:	lividual or
Corporation Service Company Name			記して
	1201 Hays Street		新岛 三日
Florida street address (P.O. Box NOT acceptable)		P.O. Box NOT acceptable)	DI MI O: 32 MI O: 32 EL FLURIDI
	Tallahassee	_{FL} 32301	置。3
	City	Zip	D. N.
the place designate capacity. I further a	d in this certificate, I herei gree to comply with the pro	necept service of process for the above stated limited liably accept the appointment as registered agent and agree ovisions of all statutes relating to the proper and compute the obligations of my position as registered agent as Chapter 605, F.S The Company Size Company Size Company Size Company Size Company Size Company Size Company	ee to act in this lete performance

(CONTINUED)

Page 1 of 2

The nan	ne and address of each person author	orized to manage and control the Limited Liability Company:			
Title:		Name and Address:			
	" = Authorized Member				
	= Manager	Cabal Financial Crown B			
MGR		Sabal Financial Group, L.P. 4675 MacArthur Court, Sulte 1550			
		Newport Beach, CA 92660			
		Newport Beach, OA 32000			
AMBR		Pine Holdco, LLC			
-100		4675 MacArthur ourt, Suite 1550			
		Newport Beach, CA 92660			
		h			

(Usc atta	ehment if necessary)				
ARTICLE V: Eff If an effective da he date of filing.)	te is listed, the date must be speci	filing: (OPTIONAL) file and cannot be more than five business days prior to or 90	days after		
RTICLE VI: Ot The Member an	her provisions, if any. d the Manager are each an age	ent of the Company for purposes of the Company's busines	<u>ss.</u>		
REQUI	RED SIGNATURE:				
		en leuschel	2 年 200		
	Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
	_		A JAN -7 A		
		I, Authorized Representative	1)		
	7	Typed or printed name of signee	්ට්ට් ට		

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)