

L14000003787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

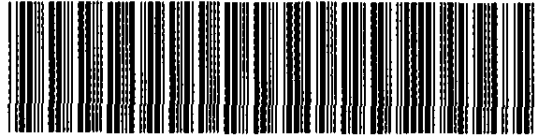
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000255007940

RECEIVED
SECRETARY OF STATE
14 JAN - 7 AM 8:26

FILED
2014 JAN - 7 PM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 08 2014

J. BAUSE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 948551 7866623

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 2, 2014

ORDER TIME : 3:03 PM

ORDER NO. : 948551-090

CUSTOMER NO: 7866623

DOMESTIC FILING

NAME: PINE ISABELLA HOLDINGS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX 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:

FILED
2014 JAN -7 AM 11:59
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINE ISABELLA HOLDINGS, 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:

Kathleen Leuschel

Name of Person

Sabal Financial Group, L.P.

Firm/Company

4675 MacArthur Court, Suite 1550

Address

Newport Beach, CA 92660

City/State and Zip Code

angie.smith@saballin.com; lathy.leuschel@saballin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Leuschel

949

381-2784

at ()

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

RECEIVED
TALLAHASSEE, FLORIDA
JAN 7 2014

2014 JAN -7 AM 11:59

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PINE ISABELLA HOLDINGS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal 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 Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City

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 605, F.S.

Corporation Service Company

By: Sue S. Knight

Registered Agent's Signature (REQUIRED)

Sue S. Knight
Assistant Vice President

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sabal Financial Group, L.P.

4675 MacArthur Court, Suite 1550

Newport Beach, CA 92660

AMBR

Pine Holdco, LLC

4675 MacArthur Court, Suite 1550

Newport Beach, CA 92660

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

The Member and the Manager are each an agent of the Company for purposes of the Company's business.

REQUIRED SIGNATURE:

Kathleen Leuschel

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.)

Kathleen Leuschel, Authorized Representative

Typed or printed name of signee

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)

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

2014 JAN - 7 PM 12:00

FILED