## Division f Corpora

## 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:

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Account Number : FCA000000023 : (850)222-1092 Phone 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. RREF II CB III-FL DTH, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 4 2013

T. HAMPTON

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	RREF II CB III-FL DTH, LLC
30101	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Lori Buckler, AUTHORIZED SIGNATORY
	Name of Person
	Rialto Capital Advisors, LLC
٠	Firm/Company
	790 NW 107TH Avenue, Suits 400
	Address
	Miami, Florida 33172
	City/State and Zip Code
	sperequests@rialtocapital.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
LORIE	BUCKLER at (305 ) 229-6675
	Name of Person Area Code Daytims Telephone Number
Enclose	d is a check for the following amount:
٦ .	Piling Fee \$\frac{\text{\$\subset\$\$\sigma\$}\text{\$\subset\$\$\sigma\$}\text{\$\subset\$\$\sigma\$\$\subset\$\$\text{\$\subset\$\$\sigma\$}\$\subset\$\$\sigma\$\$\subset\$\$\text{\$\subset\$\$\subset\$\$\sigma\$\$\subset\$\$\sigma\$\$\text{\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\sigma\$\$\subset\$\$\sigma\$\$\subset\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallabarase H 32314 Control of Control

2661 Executive Center C Tallahassee, FL 32301

	AND AN OLDER A A DESCRIPTION AND AND AND AND AND AND AND AND AND AN
ARTICLE I - Name: The name of the Limited Liability Company is:	OR FLORIDA LIMITED LIABILITY COMPANY
rref II CB III-FL DTH, LLC	•
(Must end with the words "Limi	nited Liebility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	ral office of the Limited Liebility Company is:
Principal Office Address: Mr	falling Address:
790 NW 107TH AVENUE, SUITE 400 MIAMI, PLORIDA 33\72	790 NW 107TH AVENUE, SUITE 400 MIAMI, PLORIDA 33172
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	own Registered Agent. You must designate an individual or
The name and the Florida street address of the registe	ered agent are:
C T Corporation System	
Na	Partie
1200 South Pine Island Road	
Florida street address (P.O. F	Box NOT acceptable)
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cr.  CT Corporation S.  By:	pt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance as obligations of my position as registered agent as provided for in Chapter 605. F.S.  System  Madonna Cuddihy  Special Assistant Secretary  lignature (REQUIRED)
(CONTIL	INUED)
Page 1	2014 HAR 13 AM 7:4 SECRETARY OF STATALLAHASSEE, FLOR
. •	A TELEFLOR

RRHF II CB ACQUISITIONS, LLC 790 NW 107TH Avenue, Suite 400 Miami, FL 33172  (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90 hs, if any.  Signature of a member or an anthorized representative of a member. dance with section 605.0203 (1) (b), Floride Statutes, the execution of this document ites an affirmation under the penaltide of perjury that the facts stated herein are true. are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.)  LORI BUCKLER, AUTHORIZED SIGNATORY Typed or printed name of signee  Filing Pass: for Articles of Organization and Designation of Registered Agent Copy (Optional)	Title:	Name and Address:
Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  ATURE:  Signature of a member or an authorized representative of a member.  dance with scetton 605.0203 (1) (b). Florida Statutes, the execution of this document itses an affirmation under the penaltide of perjury that the facts stated herein are true are that any false information submitted in a document to the Department of State test a third degree felony as provided for in s.817.155, F.S.)  LORI BUCKLER, AUTHORIZED SIGNATORY  Typed or printed name of signee  Filling Ress:  for Articles of Organization and Designation of Registered Agent Copy (Optional)	"AMBR" = Authorized Member "MGR" = Manager	
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