

L15000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

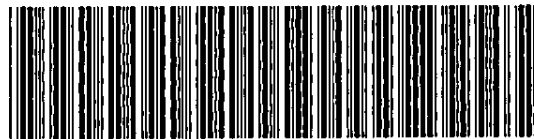
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
15 JAN 14 PM 4:35
NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JAN 14 A 9:48
SECRETARY OF STATE
TALLAHASSEE, FL 32304

B. BOSTICK

JAN 15 2015

EXAMINER

ACCOUNT NO. : I20000000195

REFERENCE : 461032 7866623

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 14, 2015

ORDER TIME : 3:42 PM

ORDER NO. : 461032-005

CUSTOMER NO: 7866623

DOMESTIC FILING

NAME: CRIMSON BRADFORDVILLE
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: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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2015 JAN 14 A 9:48
CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRIMSON BRADFORDVILLE 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

tammie.etchells@sabalfin.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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRIMSON BRADFORDVILLE 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: 

Courtney Williams
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Newport Beach, CA 92660

Newport Beach, CA 92660

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

SIGNATURE: Kathleen Leysche

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)