L1500056587

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
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Certified Copies	Certificate	s of Status X2
Special Instructions to Fi	ling Officer:	
RECEIVED MATRICE STATE MAR 31 PM 1: 33		
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Please use this check validation for this filing.

CT-WE ARE BRIGHT

2015 MAR 31 PM 2: 38



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2015

CT CORPORATION SYSTEMS

SUBJECT: RBCF HOLDINGS, LLC

Ref. Number: W15000022282

We have received your document for RBCF HOLDINGS, LLC and your check(s) totaling \$190.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 515A00006353

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: RBCF	Holdings, LLC		
	(Name	of Resulting Florida Li	imited Company)
			n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Ryan Brooks			
	(Contact Person)		
Maynard, Cooper 8	k Gale, P.C.		
•	(Firm/Company)		
1901 6th Ave. N., S	Suite 2400		
	(Address)		
Birmingham, AL 35	203		
(0	City, State and Zip Code)	<u> </u>	
rbrooks@maynardo	cooper.com		
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Ryan Brooks		_at (205)2	254-1853
(Name of Contact	ct Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons	Registrati Division P. O. Box	G ADDRESS: ion Section of Corporations 6 6327 ee, FL 32314

INHS11 (02/14)

Tallahassee, FL 32301

FILED

2015 MAR 3.1 FM 2: 39

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with \$.605,1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RBCF Holdings, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Florida Domestic Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
03/25/2010 (Enter state, or it a non-0.5, entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RBCF Holdings, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 30th day of March	-2015
Signature of Authorized Representative of Limit	118 10
Signature of Authorized Representative:/ Printed Name: David G. Powers	2 James 1
Printed Name: David G. Powers	Title Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: / / / / /	1200 200 10 10 10 10 10 Barrer = (-)-1
Signature: / / //	The state of the s
Printed Name: David G. Powers	Title: Director
•	
Signature:	
Printed Name:	Title:
Signature:	mu1
Printed Name:	ittle:
Signotura	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
TOTAL 13. 25 1 to	and the same of the same
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Partner.	,
If Florida Limited Partnership or Limited Liabili	ty I imited Partnershin
Signatures of ALL General Partners.	ty Enimed I arthership.
organization of <u>reado</u> desire, at 1 at mora.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

COVER LETTER

nited Liability Company	
re submitted for filing.	
natter to the following:	
Name of Person	
Firm/Company	
Address	
Sity/State and Zip Code	
d for future annual report notifies	stion)
use call:	
205) 254-1853 Area Code Daytime Te	lephone Number
S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street/Courler Addi Registration Section	
	re submitted for filing. atter to the following: Name of Person Firm/Company Address atty/State and Zip Code d for future annual report notificates call: 205) 254-1853 Area Code Daytime Te Certified Copy (additional copy is enclosed) Street/Courlet Address Street/Courlet Address

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
RBCF Holdings, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
425 U.S. Highway 17-92 South Longwood, Florida 32750	813 Shades Creek Parkway. Suite 100 Birmingham, Alabama 35209 Attention: William E. Matthews, V
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a David G. Powers	egistered Agent. You must designate an individual or)
Name	
425 U.S. Highway 17-92 South Florida street address (P.O. Box)	
Longwood	FL32750
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to compty wifulthe provisions of of my duties, and I am familiar with just accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	National Commerce Corporation
	813 Shades Creek Parkway, Suite 100 Birmingham, Alabama 35209
	birmingnam, Alabarna 35209
	
-	
Use attachment if necessary)	
ctive date is listed, the date must	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the clive date is listed, the date must filling.) EVI: Other provisions, if any.	te date of filing:
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EVI: Other provisions, if any. EVI: Other provisions, if any. Significance of (In accordance with sect constitutes an affirmation 1 am aware that any falso constitutes a third degree	the specific and cannot be more than five business days prior to or 90 for member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Deputment of State of following provided for in s.817.155, F.S.) Typed or printed name of signee Filling Fees:
EQUIRED SIGNATURE: Signifure o (In accordance with sect constitutes an affirmation 1 am aware that any falso constitutes a third degree	the specific and cannot be more than five business days prior to or 90 for member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Deputment of State of following a provided for in s.817.155, F.S.) The Holiomb, The Typed or printed name of signee Filling Fees: of Organization and Designation of Registered Agent

Page 2 of 2

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