

L15000073983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

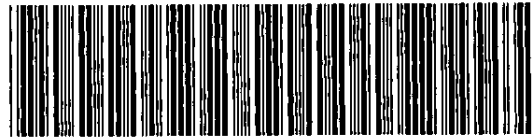
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/15--01001--005 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 APR 27 PM 2:18

FOR THE PURPOSE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 APR 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 APR 27 2015



Wolters Kluwer
Corporate Legal Services

515 East Park Avenue
Tallahassee, FL 32301

855 637 1628 tel
850 224 1640 fax
www.ctlegalsolutions.com

April 27, 2015

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 9529260 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

RREF II BHB IV-FL CLH, LLC (FL)
Formation
Florida

RREF II BHB IV-FL CLH, LLC (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RREF II BHB IV-FL CLH, 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:

Lori Buckler, AUTHORIZED SIGNATORY

Name of Person

Rialto Capital Advisors, LLC

Firm/Company

790 NW 107TH Avenue, Suite 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 further information concerning this matter, please call:

LORI BUCKLER at (305) 229-6675
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RREF II BHB IV-FL CLH, 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:

790 NW 107TH AVENUE, SUITE 400
MIAMI, FLORIDA 33172

790 NW 107TH AVENUE, SUITE 400
MIAMI, FLORIDA 33172

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

City

Zip

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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.

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

Madonna Cuddihy
Special Assistant Secretary

(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

AMBR

Name and Address:

RREF II BHB IV ACQUISITIONS, LLC

790 NW 107TH Avenue, Suite 400

Miami, FL 33172

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 27 PM 6:58

FILED

(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.

REQUIRED SIGNATURE:



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.)

LORI BUCKLER, AUTHORIZED SIGNATORY

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)