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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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K.SALY EXAMINER MAY 1 4 2015

| 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 626763 7866623 |
| AUTHORIZATION: Spelble man |
| COST LIMIT : \$ 125.00 |
| ORDER DATE: May 12, 2015 |
| ORDER TIME: 8:08 AM |
| ORDER NO. : 626763-005 |
| CUSTOMER NO: 7866623 |
| |
| DOMESTIC FILING |
| NAME: CRIMSON EARLETON HOLDINGS, LLC |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Lydia Cohen - EXT. 62974 |

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

COVER LETTER

| | gistration Section vision of Corporations | |
|--------------|---|--|
| SUBJECT: | CRIMSON EARLETON HOLDIN | NGS, LLC |
| SUBJECT: | Name of L | Limited Liability Company |
| The enclose | d Articles of Organization and fee(s) | are submitted for filing. |
| Please retur | n all correspondence concerning this | matter to the following: |
| | Kathleen Leuschel | |
| • | - · · · · · · · · · · · · · · · · · · · | Name of Person |
| | Sabal Financial Group, L.P. | • |
| • | | Firm/Company |
| | 4675 MacArthur Court, Suite 155 | 50 |
| • | | 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 | nformation concerning this matter, p. | blease call: |
| Kathieen L | | _877 |
| <u></u> | Name of Person | Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: ing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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: | |
| | |
| | |
| CRIMSON EARLETON HOLDINGS, LLC | 7. |
| (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | and the second s |
| The mailing address and street address of the princ | rinal office of the Limited Liability Company is: |
| The harming address and street address of the princ | ipar office of the children chability Company is. |
| Principal Office Address: | Mailing Address: |
| | |
| 4675 MacArthur Court, Suite 1550 | 4675 MacArthur Court, Suite 1550 |
| Newport Beach, CA 92660 | Newport Beach, CA 92660 |
| | |
| ADTICLE DE DE LA LA LES CONTRACTOR DE LA | |
| ARTICLE III - Registered Agent, Registered O | flice, & Registered Agent's Signature: |
| another business entity with an active Florida regis | s own Registered Agent. You must designate an individual or |
| anomer business entity with an active Florida regi- | stration.) |
| The name and the Florida street address of the regi | stered agent are: |
| _ | - |
| Corporation Service Cor | mpany |
| | Name |
| 1001 Unio Chant | |
| 1201 Hays Street | |
| Florida street address (P.C |). Box <u>NOT</u> acceptable) |
| Tallahassee | FL 32301 |
| City | Zip |
| , | r |
| Having been named as registered agent and to acc | ept 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 provi | sions of all statutes relating to the proper and complete performance |
| of my duties, and I am familiar with and accept t | the obligations of my position as registered agent as provided for in |
| 1 | Chapter 605, F.S., |
| Corporation Service | Company Lydia Cohen |
| Ry: | Asst. Vice President |
| 53 (A) 1/ Y DE | |
| Acgirlered Agent's | Signature (REQUIRED) |
| // / | |
| V / | TENT (TOTAL) |
| ' (CON | FINUED) |
| | |

Page 1 of 2

| Pitle: | Name and Address: |
|---|--|
| AMBR" = Authorized Member | The state of the s |
| MGR" = Manager | |
| MGR | Sabal Financial Group, L.P. |
| | 4675 MacArthur Court, Suite 1550 |
| | Newport Beach, CA 92660 |
| | 0050 PEO 0040 WO 440 |
| AMBR | ORES REO 2013-LV2, LLC |
| | 4675 MacArthur Court, Suite 1550 |
| | Newport Beach, CA 92660 |
| | Newport Beach, CA 92660 ORES REO 2013-LV2, LLC 4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660 |
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| | late of filing: (OPTIONAL) |
| CV: Effective date, if other than the citive date is listed, the date must be filling.) CVI: Other provisions, if any. | late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day n agent of the Company for purposes of the Company's business. |
| f filing.) E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 day |
| CV: Effective date, if other than the citive date is listed, the date must be filling.) CVI: Other provisions, if any. Aber and the Manager are each a | specific and cannot be more than five business days prior to or 90 day n agent of the Company for purposes of the Company's business. |
| CV: Effective date, if other than the citive date is listed, the date must be filling.) CVI: Other provisions, if any. EXECUTED SIGNATURE: Signature of a | specific and cannot be more than five business days prior to or 90 day n agent of the Company for purposes of the Company's business. member or an authorized representative of a member. |
| V: Effective date, if other than the citive date is listed, the date must be filling.) VI: Other provisions, if any. ber and the Manager are each a Signature of a (In accordance with section) | specific and cannot be more than five business days prior to or 90 day n agent of the Company for purposes of the Company's business. |
| V: Effective date, if other than the citive date is listed, the date must be filing.) VI: Other provisions, if any. ber and the Manager are each a EEQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false. | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the citive date is listed, the date must be filing.) VI: Other provisions, if any. ber and the Manager are each a EEQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false. | member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. |
| CV: Effective date, if other than the citive date is listed, the date must be filling.) CVI: Other provisions, if any. BEQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree. | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)