

LISOWD 107019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

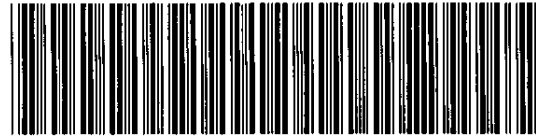
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L. SCOTT



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06/22/15--01002--013 **125.00

RECEIVED
DEPARTMENT OF STATE
15 JUN 19 PM 5:00

15 JUN 19 AM 10:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2015

C T CORP
CONNIE R BRYAN

SUBJECT: SBAF MORTGAGE FUND I/HOLDING - SHP 2015 LLC
Ref. Number: W15000042785

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DIVISION OF CORPORATIONS
15 JUN 23 AM 10:15
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for SBAF MORTGAGE FUND I/HOLDING - SHP 2015 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 615A00013019

RE-SUBMIT

7/1/15 retain original filing
date of submission 6/19

(COPY)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBAF Mortgage Fund I/Holding - SHP 2015 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:

Jamie D. Torkelson
Name of Person

Sutherland Asbill & Brennan LLP
Firm/Company

999 Peachtree Street NE, Suite 2300
Address

Atlanta, GA 30309
City/State and Zip Code

jamie.torkelson@sutherland.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Torkelson at (404) 407-5173
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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:

SBAF Mortgage Fund I/Holding - SHP 2015 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:

1801 Hermitage Blvd.
Suite 600
Tallahassee, FL 32308

1801 Hermitage Blvd.
Suite 600
Tallahassee, FL 32308

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

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: Conie B. Ryan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

SBAF Mortgage Fund I/Holding, LLC

1801 Hermitage Blvd., Suite 600

Tallahassee, FL 32308

(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.)

Jamie D. Torkelson

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)