

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for fullyre annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

SBAF Mortgage Fund I/Holding - South Park LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	SBAF Mortgage Fund 1/Holding	SouthPark Ll	LC
SOBSECT.		f Limited Liabil	lity Company
The enclose	d Articles of Organization and fee(s) are submitted	for filing.
Please retur	n all correspondence concerning th	is matter to the	following:
	Olga Costa		
•		Name of	Person
	Sutherland Asbill & Brennan LLP		
•		Firm/Co	mpany
	999 Peachtree Street NE, Suite 230	00	
-		Addr	ess
	Atlanta, GA 30309		
0	lga.costa@sutherland.com	City/State an	d Zip Code
	······	used for future s	nnual report notification)
For further int	Formation concerning this matter, p	lense call:	
(Olga Costa	404 t {	407-5111
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for the following amount:		
\$125.00 Fili		: LCertifi	\$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2/22/2016 12:41:28 PM From: To: 8506176381(3/4)



16 FEB 22 PM 12: 49

ARTICLE I - Name:	SECRETARI UF STATE
The name of the Limited Liability Company is:	्रशास्त्रक्षात्रक्षात्र शास्त्रक्षक्षः स्थान्यक्षात्रक्षः स्थान्यक्षात्रक्षः स्थान्यक्ष
SBAF Mortgage Fund I/Holding - SouthPark LLC	<u>. </u>
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

ARTICLE II - Address:

Mailing Address:

1801 Hermitage Blvd.	1801 Hermitage Blvd.
Suite 600	Suite 600
Tallahassee, FL 32308	Taliahassee, 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 Sys	item	
	Name	
1200 South Pine Isl	and Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324
City	State	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: Jin Song Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 FEB 22 PM 12: 49

E V: Effective date, if other than the date of filing:	"MGR" = Manager AMBR SBAF Mortgage Fund I/Holding, LLC 1801 Hermitage Blvd. Suite 600 Tallahassee. FL 32308 (Use attachment if necessary) E. V: Effective date, if other than the date of filing:	"MGR" = Manager AMBR SBAF Mortgage Fund I/Holding, LLC 1801 Hermitage Blvd. Suite 600 Tallahassee, FL 32308 (Use attachment if necessary) E V: Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 filing.) The date insorted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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