Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email:	Address:	
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## FLORIDA LIMITED LIABILITY CO. RSS GSMS2015GC28-FL AIT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABII

ÀR	ricl.	EI	- N	ante:
The	name	of	the	Limite

d Liability Company is:

RSS GSMS2015GC28-FL AIT, 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 400 790 NW 107TH AVENUE, SUITE 400 MIAMI, FLORIDA 33172 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

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.,

> Assistant Secretary مراجعت C T Corporation System Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

Title: "AMBR" — Authorized Mumber	Name and Address:		
"MGR" = Managor "MGR" = Manage	Riałto Capital Advisors, LLC		
. Mor - Manage	790 NW 107TH Avenue, Suite 400		
	Miauni, PL 33172		
the second second second	es suite		• • •
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(Use attachment if necessary)			
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CLE V: Effective date, if other than the date of fil flective date is listed, the date must be specific e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of member (In accordance with section 605.0 constitutes an affirmation under	r or an authorized representative of a member.  203 (1) (b), Fiorida Statutes, the execution of this document the penelties of perjury that the facts stated herein are true.	18 MAR - I	
CLE V: Effective date, if other than the date of fill flective date is listed, the date must be specific a of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information.)	r or an authorized representative of a member.  203 (1) (b), Fiorida Statutes, the execution of this document the penelties of perjury that the facts stated herein are true, attom submitted in a document to the Department of State as provided for in s.817:155, F.S.)	18 MAR -1 AH	

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

Filing Fees: