B22000000571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
177-141617

Office Use Only



200393427692

2022 DEC 15 AM 9: 1

APPROVED AND FILED

22 NOV 22 PM L:

DEC 15 2022 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date:December 15, 2022	Account#. 120000000000
Name:James Brodbeck	
Reference #:	
Entity Name: SILVERVIEW SPECIAL SITUATIONS LENDING	G GP II LP
✓ Articles of Incorporation/Authorization to Transact	Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
✓ Other Certified copy upo	n filing
Authorized Amount: \$1052.50	
And I I	
Signature:	

COVER LETTER

Division of Corporations			
SUBJECT: Silverview Special Situations Lendin	ng GP II LP		
Name of Foreign Limited Partn	ership or Lim	ited Liability	Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		ed to register	a foreign limited partnership or limited liability limited
Garrett Yuan			
Contact Person			
Silverview Special Situations Lending GP II LP			
Firm/Company			
100 South Ashley Drive, Suite 600			
Address			
Tampa, Florida 33602			
City, State and Zip Code			
garrett.yuan@silverviewcredit.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, pleas	se call:		
Garrett Yuan	at (205-6	6231
Name of Contact Person		ode and Dayti	ime Telephone Number
Enclosed is a check for the following amount:			
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status		Filing Fees ified Copy	□\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:			Address:
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327			ion of Corporations Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Silverview Special Situations Lending GP II LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. , 6/15/2022 Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 88-2997514 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Gary Sherman, Assistant Secretary Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 100 South Ashley Drive, Suite 600 100 South Ashley Drive, Suite 600 Tampa, Florida 33602 Tampa, Florida 33602 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Silverview Special Situations Lending Name of General Partner: GP Manager II LLC Name of General Partner:______ 100 South Ashley Drive, Suite 600 Street Address: Street Address: Tampa, Florida 33602 100 South Ashley Drive, Suite 600 Mailing Address: ___ Mailing Address:____ Tampa, Florida 33602 Name of General Partner:______ Name of General Partner:_____ Street Address: Street Address: _____ Mailing Address: ______ Mailing Address:___

Page 1 of 2

Name of General	Partner:	Name of General Partner:	Name of General Partner:	
Street Address:		Street Address:		
Mailing Address:		Mailing Address:		
(Effective date cannot Note: If the date inser	he prior to nor more than 90 days o	fier the date this document is filed by the Florida Department of Stapplicable statutory filing requirements, this date will not be listed ascords.	ate.) s the	
	f State, by the Secretary of State or o	d, not more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction		
Signed this	day of	.20 22		
	its genera			
	Gai g this document affirms that the fact	nature of a general partner rett Yuan, Chief Operating Officer stated herein are true and the individual is aware that false informatutes a third degree felony as provided for in \$.817.155. F.S.	nion	
Cer	ng Fees: tified Copy (optional): tificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75		

Page 1

<u>Delaware</u>

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SILVERVIEW SPECIAL SITUATIONS LENDING

GP II LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF

NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVERVIEW SPECIAL SITUATIONS LENDING GP II LP" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204909103

Date: 11-21-22