

B22000000579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REC 20 2022

K. Brumley



**COGENCYGLOBAL**

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

Date: **December 19, 2022**

Account#: I20000000088

Name: **James Brodbeck**

Reference #: **1838274**

Entity Name: **SILVERVIEW SPECIAL SITUATIONS LENDING II LP**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Certified copy upon filing**

Authorized Amount: **\$1052.50**

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silverview Special Situations Lending II LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Garrett Yuan

Contact Person

Silverview Special Situations Lending 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 report notification)

For further information concerning this matter, please call:

Garrett Yuan at ( 646 ) 205-6231

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input checked="" type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|---|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. Silview Special Situations Lending 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.

2. Delaware

State or Country of Formation

3. 6/15/2022

Date of Formation

4. Federal Employer Identification Number 88-2971823

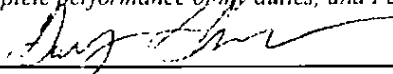
5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. 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 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.

  
Signature of Registered Agent

Gary Sherman, Assistant Secretary

7. Principal Office:

100 South Ashley Drive, Suite 600

Tampa, Florida 33602

8. Mailing Address:

100 South Ashley Drive, Suite 600

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:

Name of General Partner: Silview Special Situations Lending GP II LP

Name of General Partner: GP of GP

Silview Special Situations Lending GP Manager II LLC

Street Address: 100 South Ashley Drive, Suite 600

Tampa, Florida 33602

Street Address: 100 South Ashley Drive, Suite 600

Tampa, Florida 33602

Mailing Address: 100 South Ashley Drive, Suite 600

Tampa, Florida 33602

Mailing Address: 100 South Ashley Drive, Suite 600

Tampa, Florida 33602

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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APPROVED  
AND  
FILED

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_.

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18 day of November, 2022

By: Silverview Special Situations Lending GP II LP,  
its general partner

By: Silverview Special Situations Lending GP Manager II LLC,  
its general partner



By: \_\_\_\_\_

**Signature of a general partner**

Garrett Yuan, Chief Operating Officer

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVERVIEW SPECIAL SITUATIONS LENDING 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 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.



6860220 8300

SR# 20224073829

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204909067

Date: 11-21-22