

L12000134429
Florida Department of Banking and Finance
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

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DIVISION OF CORPORATIONS
2012 OCT 22 AM 7:52

RECEIVED
12 OCT 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
RREF CB SBL WEL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

C. LEWIS
OCT 23 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RREF CB SBL WEL, 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:

Lori Buckler
(Name of Person)
Rialto Capital Management, LLC
(Firm/Company)
730 NW 107th Avenue
(Address)
Miami, Florida 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Lori Buckler at (305) 229-6688
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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

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ARTICLES OF ORGANIZATION
OF

RREF CB SBL-FL WEL, LLC
(a Florida limited liability company)

1. The name of the limited liability company is: RREF CB SBL-FL WEL, LLC
2. The mailing and street address of the principal office of the limited liability company are:

730 NW 107 Avenue
Suite 400
Miami, FL 3172

3. The name and the Florida street address of the Registered Agent and Registered Office of the limited liability company are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

4. The limited liability company is to be member-managed. The sole member of the limited liability company is RREF CB SBL ACQUISITIONS, LLC, a Delaware limited liability company.

Dated as of October 15, 2012

SOLE MEMBER:

RREF CB SBL ACQUISITIONS, LLC
a Delaware limited liability company,

By: Rialto Capital Advisors, LLC,
a Delaware limited liability company,
its attorney-in-fact

By: 
Liat Heller, General Counsel

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA.

1. The name of the Limited Liability Company is:

RREF CB SBL WEL, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 608, Florida Statutes.

CT Corporation System

By:

Madonna Cuddihy
(Signature)

**Madonna Cuddihy
Special Assistant Secretary**

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)