Division of Corpora orida Department of State

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

Fax Number

Phone : (850)222-1092 : (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.

Email	Address:					
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FLORIDA LIMITED LIABILITY CO. RREF CB SBL II-FL, LLC

Certificate of Status	0
Certified Copy	ī
Page Count	04
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Corporate Filing Menu

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CT CORPORATION

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COVER LETTER

TO: Registration S Division of C		•	•				
SUBJECT:	RREF	CB SBL II-FL, LLC	•				
	(Name of Limite	d Liability Compuny)					
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	·				
Please return all corres	pondence concerning this matte	er to the following:					
	·	Lori Buckler					
		Name of Person)					
	Rialto Ca	pital Management, LLC					
		(Firm/Company)					
	730 NW 107th Avenue						
-		(Address)					
-		mi, Florida 33172					
	(City	(State and Zip Code)					
For further information	concerning this matter, please	call:					
Lori Buckler		at (305) 229-6688					
(Nam	o of Person)	(Area Code & Daytime To	elephone Number)				
Buclosed is a check f	or 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	Streat/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahasses, FL 32301	15				

PLOSE - 9/09/05 CT System Calls

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SECTIVE TARY OF STATES
FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

RREF CB SBL 11-FL, LLC (a Florida limited libility company)

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

730 NW 107 Avenue Suite 400 Miami, FL33172

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 II ACQUISITIONS, LLC, a Delaware limited liability company.

Dated as of January 28, 2013.

SOLE MEMBER:

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

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

Lori Buckler, Authorized Signatory

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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:
- 2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, Plorida 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.

C T Corporation System

(Signature)

Madonna Cuddiny 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)

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