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COVER LETTER

Registration Section Division of Corporations TO

RREF RB SEL-FL BCO, LLC

SUBJECT:

(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 Ca	pital Management, LLC	
		(Firm/Company)	<u></u>
	730	NW 107th Avenue	
		(Address)	•
	Mia	mi, Florida 33172	
	(City	/State and Zip Code)	
Lori Buckler	of Person)	at (305) 229-6688	
(1461)A	or remony	(Area Code & Daytime T	cicphone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	X \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporatio	-

2661 Executive Center Circle Tallahaaree, FL 32301

Clifton Building

#1.052 - 9/9905 C T System Online

P.O. Box 6327 Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION

OF

RREF RB SBL-FL BCO, LLC (a Florida limited libility company)

1. The name of the limited liability company is: **RREF RB SBL-FL BCO, 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 RB ACQUISITIONS, LLC, a Delaware limited liability company.

Dated as of March 8, 2013.

SOLE MEMBER:

RREF RB ACQUISITIONS, LLC a Delaware limited liability company,

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

Authorized Signatory Lon Buckler,

P

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	RB	SBL	~TL	B	CO	LLO	C
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2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pins 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.

C T Corporation System R. (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

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