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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.

Email Address:

FLORIDA LIMITED LIABILITY CO. RREF CB SBL-FL PDN, LLC

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J. SAULSBERRY EXAMINER AUG-21 2013

(850) 245-6051.

COVER LETTER

TO: Registration : Division of Co				
	RREF CB	SBL-FL PDN, LLC		
SUBJECT:	SUBJECT: Name of Limited Liability Company			
The enclosed Articles o	of Organization and fee(s) are a	submitted for filing.		
Please return all corresp	condence concerning this matt	er to the following:	•	
	. L	ori Buckler		
		Nurse of Person		
	Rialto Capita	Management, LLC		
		Pirm/Company		
	790 NW 10	7th Avenue, Suite 400		
•		Address		
	Miami, FL	33172		
	Cit	y/State and Zip Code	· ·	
	lori, buckler@	prialtocapital.com		
<u> </u>	E-mail address: (to be used !	or future annual report notification)	3 43 3 44	
For further information	concurning this matter, please	call;		
Lori Buckler		305 229-6688	-5	
None	of Person	Area Code & Daytime Telephone Number	j E	
Enclosed is a check i	or the following amount:			
□\$125.00 Filing Fee	Certificate of Status	©\$155.00 Filing Fee & Certificate of State Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &	
	Matting 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 Talfahassee, FL 32301		

ARTICLES OF ORGANIZATION

OF

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

The name of the limited liability company is: RREF CB SBL-FL PDN, LLC

1. The mailing and street address of the principal office of the limited liability company are:

790 NW 107TH Avenue Suite 300 Miami, FL 33172

2. 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

3. The limited liability company is to be member-managed. The sole member of the limited liability company is RREF CB SBL ACQUSITIONS, LLC, a Delaware limited liability company whose address is as follows:

790 NW 107TH Avenue Suite 300 Miami, FL 33172

Dated as of August 19, 2013.

SOLE MEMBER:

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

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

Lori Buckler, Authorized Signatory

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.

. The name of the Limited Liability Company	/ is
 1 de name of me rimited rispitità Comban. 	1

rref ce sel-fl fdn, llc

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

	• *	
•	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	•
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
•		
	Plantation, Florida 33324	
	Cfty/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 Comoration System

7.7.

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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