Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H21000374729 3)))



H210003747293ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ŧ	_	-
	( }	-

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*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. RSS CSAIL2016-C7 - FL WP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RSS CSAIL2016-C7 - FL WP, LLC	
(Must contain the words 'Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	
Principal Office Address:	Mailing Address:
200 South Biscayne Blvd., Suite 3550	200 South Biscayne Blvd., Suite 3550
Miami, FL 33131	Miami, FL 33131
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	red Agent. You must designate an individual or

C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation Florida 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. Thereby 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 605, F.S.,

> C T Corporation System Sandra Zugal Sandy Zwijack - Assistant Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

. } ;

## ARTICLE IV-

Page: 4 of 4

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized !	iniber	
"MGR" = Manager <u>MGR</u>	Rialto Capital Advisors, LLC 200 South Biscayne Blvd , Suite 3550	
	Miami, FL 33(3)	<u> </u>
		_
		_
		2021
		2021 OCT -6 PM 3:4
	- 	6
		- P#
	,	ယ့
(Use attachment if neces	Ŋ)	<del>-</del>
If an effective date is listed, the ( he date of filing.)	r than the date of filing:	
ARTICLE VI: Other provisions, i	,	
		<del></del>
REOUIRED SIGNATU	ie:	
This doc I am aw	ature of a member or an authorized representative of a member, nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes that any false information submitted in a document to the Department of Stat a third degree felony as provided for in s.817.155, F.S.	
_	Sorana Georgeseu	
	Typed or printed name of signee	

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)