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FOREIGN LIMITED LIABILITY COMPAN

Seller Finance Services by Bayview Financial, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION BOLSOS, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: SELLER FINANCE SERVICES BY BAYVIEW FINANCIAL, LLC (Name of Foreign Limited Liability Company) TO BE APPPLIED FOR DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) JUNE 20, 2005 PERFEIUAL (Duration: Year limited liability company will case to exist or "perpetual") (Date of Organization) UPON FILING (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 4425 PONCE DE LEON BLVD., 4th FLOOR CORAL GABLES, FLORIDA 33146 (Atrest Address of Principal Office) 8. If limited liability company is a manager-managed company, check have X The name and usual business addresses of the managing members or managers are as follow? DAVID CUINI C/O BRIVIEW FINANCIAL, L.P. 4425 PONDE DE LEON BLVD., 4th FLR. CORAL GABLES, BLORIDA 33146 10. Attached is an original certificate of existence no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: TO ENGAGE IN ANY LANFUL BUSINESS THAT MAY BE ENGAGED IN BY A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE ACT. Signature of a member or an authorized representative of a member. (In accordance with acction 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltim of penjary, but the facts stated herein are wise.)

Typed or printed name of signee

DAVID QUINT

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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.

	(Name) 4425 POINCE DE LEON BLVD., 4th FLOCE Florida Street Address (P.O. Box NOT ACCEPTABLE) COMMLIGABLES, FLORIDA 33146 Chy/Siate/Zip AHAS	2. The name a	nd the Florida street address of the registered agent and office are:		
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For the above stated limited \sim 1 caving been named as registered agent and to accept service of process for the above stated limited \sim	been named as registered agent and to accept service of process for the above stated limited to company at the place designated in this certificate. I hereby accept the appointment at Pegistered and agree to act in this capacity. I further agree to comply with the provisions of all stantes?		City/State/Zip	CRF -	-
Javing been named as registered agent and to accept service of process for the above stated limited 💨 🗠	to been named as registered agent and to accept service of process for the above stated littled to company at the place designated in this certificate. I hereby accept the appointment at Pegistered and agree to act in this capacity. I further agree to comply with the provisions of all statutes?		·. '.		2
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	g to the proper and complete performance of my duties, and I am familiar with and acceptific				Ì

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

By:

BRIMS E. BOMSTELL

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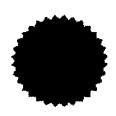


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I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARS, DO HEREBY CERTIFY "SELLER FINANCE SERVICES BY RAYVIEW FINANCIAL, LLC" IS DULY FORMED UNDER THE LAMS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE IMENTIFIED DAY OF JUNE, A.D. 2005.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Varriet Smith Hindan

Harrier Smith Windson, Secretary of State

AUTHENTICATION: 3962455

DATE: 06-20-05

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