Florida 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 : (850)222-1092 Phone : (850)878-5368 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:

Foreign Limited Liability Company **BOF-I REO, LLC**

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Page Count	06
Estimated Charge	\$125.00

B. BOSTICK

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CT: BOF-I REO, LLC			
	Name of Limited Liability Company			
The end Existent	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," (cc, and check are submitted to register the above referenced foreign limited liability company to transact busine	Certificate o ss in Florida	f s	
Picase r	eturn all correspondence concerning this matter to the following:			
	Vicky Rinaldi			
	Name of Person			
	Bayview Asset Management, LLC			
	Firm/Company			
	4425 Ponce de leon Blyd., 5th floor, Compliance Dept.			
	Address			
	Coral Gable, Fl. 33131			
	City/State and Zip Code			
	vickylarochelle@bayviewassetmanagement.com			
	E-mail address: (to be used for future annual report notification)			
For furth	her information concerning this matter, please call:			
	· mt()			
	Name of Person Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section			
	P.O. Box 6327 Clifton Building Talluhassee, FL 32314 2661 Executive Center Circle	- 1. SE		
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	λH	æ	f-waypers
	ed is a check for the following amount: \$125.00 Filing Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$\$155.00 Filing Fee & \$\sum_\$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	ASSEE. FL	C-5 AH	Comments Com
		TATE ORID!	9: 3 ₆	*600

TO:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	C.")
NIA	
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co- insent of the managers or managing members adopting the alternate name. The alternate name must include "Limit impany," "L.L.C," "LLC.")	py of the writed Liability
Delaware 3. 36-4714101 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•
11/09/2011 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	:0856 f0
Upon Qualification	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	
4425 Ponce De Leon Blvd., 5th Floor, Compliance Dept., Coral Gables, FL 33146	∑s.
•	
(Street Address of Principal Office)	25.5
If limited liability company is a manager-managed company, check here	SEE.
The name and usual business addresses of the managing members or managers are as follows:	FL GR
David Ertel , 4425 Ponce De Leon Blvd., 5th Floor, Compliance Dept., Coral Gables, FL 33146	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign languation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be consolicted or promoted in Florida:	
SEE ATTACHMENT	
16MCL	·
Signature of a member or an authorized representative of a member.	
Signature of a metaber or an authorized representative of a member. (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F. Brian Bomstein	1 11

Buying, selling and leasing of real property and related activities. Notwithstanding the foregoing, the purpose of the company is to engage in any lawful act or activity for which limited liability companies may be organized to do under the laws of its jurisdiction of formation.

NEUWEIGNER SIATE

179616.1 December 1, 2011 9:56:07 AM

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	f the Limited Liability Company is:	
BOF-I REO, LLC		
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name as	nd the Florida street address of the registered agent and office are:	*****
	C T Corporation System (Name)	11 DEC SEUNE FALLAHA
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	DEC -5 AM
	Plantation FL 33324 City/State/Zip	M 9: 36 STATE FLORIDA

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

(Signaturé) Barbara A. Burke Special Assistant Secretary

\$ 100.00 Filing Fee for Application

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOF-I REO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

11 DEC -5 AM 9: 36

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UTHENTICATION; 9175544

DATE: 11-22-11

You may verify this certificate onling at corp delaware cor/authver. whimi