# M14000001869

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
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2014 JUL -9 18 4: 15

DIVISION OF CORPORATION

J. HARRIE



ACCOUNT NO. : 12000000195				
REFERENCE : 202729 4810684				
AUTHORIZATION: Linebolle man				
COST LIMIT : \$ 125.00				
ORDER DATE : July 2, 2014				
ORDER TIME : 1:25 PM				
ORDER NO. : 202729-015				
CUSTOMER NO: 4810684				
FOREIGN FILINGS  NAME: SBY 2014-1 EQUITY OWNER LLC				
XXXX QUALIFICATION (TYPE: LL)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Emily Gray EXT# 62925				
EXAMINER:				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1 SBY 2014-1 Equity Owner LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<u></u>		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Liability Company," "L.L.C," or "LLC.")	~Limi	ted	
2. Delaware 3. applied for			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4. upon filing			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<del>_</del>	A10	
5. 601 Carlson Parkway, Suite 250		SECI VISIO	
Minnetonka, MN 55305	1	## 무류·	
(Street Address of Principal Office)	<u></u>	087	
6. 601 Carlson Parkway, Suite 250	매한	- 동의 - 동의	
Minnetonka, MN 55305	Ω.	ATO	
(Mailing Address)	لين	<u> 27</u>	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
Christine Battist, Chief Financial Officer for Silver Bay Operating Partnership L.P., Member			
601 Carlson Parkway, Suite 250			
Minnetonka, MN 55305			
THINIOCONIC, WIT COOCC			
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the		cial	
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is racceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the t		ator	
must be submitted)	· carron	uioi	
Ca Blast Simon of the Authorized Roman			
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817,155,	herein F.S.)	are true, I	
Christine Battist			
Typed or printed name of signee			

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:  SBY 2014-1 Equity Owner LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name ar	nd the Florida street address of the registered agent and office are:			
	Corporation Service Company			
	(Name)			
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee <sub>FL</sub> 32301			
	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 605, Florida Statutes.

Emily Gignature Asst VF

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

SECRE LARY OF STATE DIVISION OF CORPORATIONS

## Delaware

PAGE

#### The First State

THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBY 2014-1 EQUITY OWNER LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2014.

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

*5548245 8300* 

140903823

You may varify this certificate online at corp. delawars.gov/authwer.shtml

Jeffrey W. Bullock, Secretary of State

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DATE: 06-30-14