Filing Fee: \$150.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

## APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:				
	Silver Hill Funding, LLC				
	This company has been duly organized in its state of formation	as a low-profit limited liability comp	any. (Check box if applicable)		
2.	The name, if different, under which it proposes to registe	r and transact business in R	hode Island is:		
3.	The limited liability company is organized under the laws	Of Delaware			
4.	The date of its organization is 01/28/2016				
5.	. The period of duration of the limited liability company is (if perpetual, so state) Perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, Ri <u>02888</u>		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corporation Service Company  (Name of Agent)				
		•	- ,		
7.	The secretary of state is appointed the agent of the for time there is no resident agent or if the resident agent cadiligence.	eign limited liability compar annot be found or served fol	ly for service of process if at any lowing the exercise of reasonable		
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	c/o Corporation Service Company, 2711 Centerville Road, Sulte 400, Wilmington, DE 19808				
9.	The mailing address for the limited liability company is:				
	4425 Ponce de Leon Blvd., MS 4-233, Corai Gables, FL 33146				
	FILEU				
		MAR 15 2	.016		
Form No. 450 Revised: 07/12		ву 20	113_		
		A.A.	12:46pm.		

10.		Management of the Limited Liability Company (check one only):				
	Α.	The limited liability company is to be nown.	nanaged by its members. (If you have checked this box, go to Item			
		<u>or</u>				
	В.	B. The limited liability company is to be managed very by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				
		Ma <u>nager</u>	<u>Address</u>			
	Bayview Asset Management, LLC		4425 Ponce de Leon Blvd., 5th Floor, Coral Gables, FL 33146			
11.	11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state o authorized officer of the jurisdiction under which the foreign limited liability company was organized.					
12.	The date this Application for Registration is to become effective, if later than the date of filing, is:					
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)					
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Da	te: ˌ	March 11,2016	Silver Hill Funding, LLC  Print Exact Name of Limited Liability Company Making Application			
			By Signature of Authorized Person			

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SILVER HILL FUNDING, 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 FOURTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVER HILL FUNDING, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

STATE OF THE STATE

Authentication: 201977609

Date: 03-14-16

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

