



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 11/1/2023 1:27 PM
 Fee Receipt: \$20.00

Division of Business Filings

P.O. Box 718,
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Bayview Pace
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Silver Hill Funding, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |
| <input type="checkbox"/> a Domestic Statutory Trust | <input type="checkbox"/> a Foreign Statutory Trust |
| <input type="checkbox"/> a Domestic Limited Cooperative Association | <input type="checkbox"/> a Foreign Limited Cooperative Association |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is upon filing.
5. The business is organized and existing in the state or country of _____.
6. The mailing address is:

<u>4425 Ponce de Leon Blvd., Ste. 250</u>	<u>Coral Gables</u>	<u>FL</u>	<u>33146</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

DocuSigned by:

Anne Hill

Authorized Person

10/31/2023

Authorized Party Signature

Printed Name

Title

Date