

L12000041657

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REBOUND RESIDENTIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 APR 13 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 13 AM 7:38

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REBOUND RESIDENTIAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Theresa M. Kenney, Esq.
Name of Person

Duss, Kenney, Safer, Hampton & Joos, PA
Firm/Company

4348 Southpoint Blvd., Suite 101
Address

Jacksonville, FL 32216
City/State and Zip Code

tkenney@jaxfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa M. Kenney, Esq. at (904) 543.4300
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
REBOUND RESIDENTIAL, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Company is manager-managed but the Articles of Organization do not

Identify the Manager, which is being required for banking purposes.

The Manager is MIJAX MANAGER, LLC (Doc# L120000041607)

1580 NW Boca Raton Blvd., Boca Raton, FL 33432

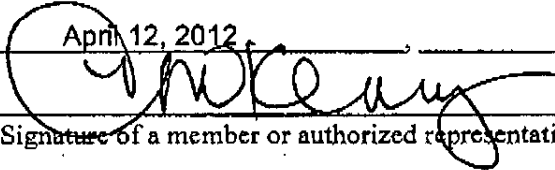
OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____

April 12, 2012


Signature of a member or authorized representative of a member

Theresa M. Kenney, Esq., Auth. Rep.

Typed or printed name of signer

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 13 AM 7:38

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000041657
FILED 8:00 AM
March 26, 2012
Sec. Of State
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Article I

The name of the Limited Liability Company is:

REBOUND RESIDENTIAL, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1580 NW BOCA RATON BOULEVARD
BOCA RATON, FL. US 33432

The mailing address of the Limited Liability Company is:

1580 NW BOCA RATON BOULEVARD
BOCA RATON, FL. US 33432

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

THERESA M KENNEY ESQ.
4348 SOUTHPOINT BLVD.
SUITE 101
JACKSONVILLE, FL. 32216

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.

Registered Agent Signature: THERESA M. KENNEY, ESQ.

Signature of member or an authorized representative of a member

Electronic Signature: THERESA M. KENNEY, AUTH. REP.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
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DIVISION OF CORPORATIONS
12 APR 13 AM 7:38