

L13000095522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

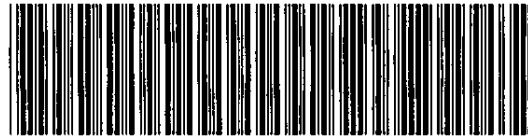
(Business Entity Name)

(Document Number)

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2013 JUL 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 23 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Du Cap REO, 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:

Michael P. Gable

Name of Person

Firm/Company

4000 Hollywood Blvd. Suite 735 South Tower

Address

Hollywood, FL 33021-6755

City/State and Zip Code

michaelpgable@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Gable

Name of Person

at (954) 966-2501

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

CR2E062 (4/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
Du Cap REO, 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 address of the Registered Agent should be:

4000 Hollywood Boulevard, Suite 735 South Tower, Hollywood FL 33021-6755

NOT

4000 Island Boulevard, Suite 735 South Tower, Hollywood FL 33021-6755

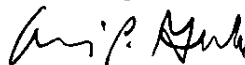
OR

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

Dated: July 12, 2013

Signature of a member or authorized representative of a member

Michael P. Gable



Typed or printed name of signee

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

FILED
SECRETARY OF STATE
JUL 22 PM 2:55
TALLAHASSEE, FL

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

L13000095522
FILED 8:00 AM
July 03, 2013
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
DU CAP REO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4000 HOLLYWOOD BOULEVARD
735 SOUTH TOWER
HOLLYWOOD, FL. US 33021

The mailing address of the Limited Liability Company is:
4000 HOLLYWOOD BOULEVARD
735 SOUTH TOWER
HOLLYWOOD, FL. US 33021

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:
MICHAEL P GABLE
4000 ISLAND BOULEVARD
735 SOUTH TOWER
HOLLYWOOD, FL. 33021

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: MICHAEL P. GABLE

Article V

The effective date for this Limited Liability Company shall be:
07/02/2013

Signature of member or an authorized representative of a member
Electronic Signature: MICHAEL P. GABLE

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.

2013 JUL 22 PM 2:56
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TALLAHASSEE, FLORIDA