M0000000615

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| M-615 |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

N. Carllegen MAR 4 2010

.. COVER LETTER

TO:

Registration Section

| Division o | of Corporations | | | | | |
|---------------------|---|-----------|----------------------|--------|--------|---|
| SUBJECT: | ĞMAC | | | | | |
| | Name of Foreign | gn Limi | ted Lia | bility | Com | pany |
| Dear Sir or Madar | n: | | | | | |
| The enclosed appl | ication, certificate and fee(s) |) are sul | mitted | for f | iling. | |
| Please return all c | orrespondence concerning th | nis matte | er to the | e foll | owing | : |
| | Shannon Casey | | | _ | | |
| | Name of Person | | | | | |
| | Brookfield RPS | | | _ | | |
| | Firm/Company | | | | | |
| 46 | 5 South Street, Suite 202 | 2 | | | | |
| | Address | | | | | |
| | Morristown, NJ 07960 | | | _ | | |
| | City/State and Zip Cod | le | | | | |
| 5 | shannon.casey@gmachs | s.com | | | | |
| | (to be used for future annua | | notifica | ation) |) | |
| For further inform | ation concerning this matter, | , please | call: | | | |
| | annon Casey | _ at (| 973 | _) _ | | 889-6147 |
| Na | ime of Person | Ar | ea Cod | e & [| Daytin | ne Telephone Number |
| STREET | COURIER ADDRESS: | | | N | /AIL | ING ADDRESS: |
| Registratio | | | | | _ | ation Section |
| | f Corporations | | | | | n of Corporations |
| Clifton Bu | utive Center Circle | | | _ | | ox 6327 issee, Florida 32314 |
| | e, Florida 32301 | | | 1 | anana | 13500, 1 1011da 32314 |
| | ck for the following amoun | | | | | _ |
| ✓ \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | | 55 Filir ertified | | | \$60 Filing Fee, Certificate of Status & Certified Copy |



Division of Corporations

January 8, 2010

SHANNON CASEY BROOKFIELD RPS 465 SOUTH STREET, SUITE 202 MORRISTOWN, NJ 07960

SUBJECT: GMAC REAL ESTATE, LLC

Ref. Number: M00000000615

We have received your document for GMAC REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be

attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 510A00000635

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

SECTION I (1-3 must be completed)

| 1. | Name of limited liability company as it appears on the records of the Florida Departme State: GMAC Real Estate, LLC | nt of | <u>.</u> | |
|----------|---|--|----------------|----|
| | F | <u>- </u> | ⊕ ⊐. | |
| 2. | Jurisdiction of its organization: Delaware | | MAR TH | F |
| 3. | Date authorized to do business in Florida: $3/30/00$ | (名) (日) (日) (日) | AH 8: | |
| | SECTION II (4-7 complete only the applicable changes) | ORIDA ORIDA | 52 | , |
| 4. | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 11/6/09 | <u></u> | _ | |
| 5. | New name of the limited liability company: Real Living Real Estate, LLC (must end with "Limited Liability Company." "L.L.C" or | "LLC.") | _ | |
| Èi th | f name unavailable, enter alternate name adopted for the purpose of transacting business orida and attach a copy of the written consent of the managers or managing members ad e alternate name. The alternate name must end with "Limited Liability Company," "L.L." "LLC.") | lopting | 3 | |
| 6. | If the amendment changes the period of duration, indicate new period of duration: | | | |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | | | |
| - 8. | If the amendment corrects any false statement, indicate the statement being corrected correction: | and | the | |
| 9 | Attached is an original certificate, no more than 90 days old, evidencing the aforement | ioned | _ | |
| · | amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member or the authorized representative of a member Shannon Casey, Manager | | sdicti | on |
| | Typed or printed name of signee | | | |

Filing Fee: \$25.00

Delaware

PAGE .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REAL LIVING REAL ESTATE, 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 EIGHTEENTH DAY OF FEBRUARY, A.D.
2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REAL LIVING REAL ESTATE, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 1999.

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

3135545 8300

100165328

AUTHENTICATION: 7821693

DATE: 02-18-10

You may verify this certificate onling at corp. delaware. gov/authver. shtml

AUUY-NOV-U6 10:33 AM Brookfield GKS 9/39933174

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State of Delaware Secretary of State Division of Corporations Delivered 09:30 AM 11/06/2009 FILED 09:30 AM 11/06/2009 SRV 090996543 - 3135545 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| Name of Limite File #31355 | d Liability Company: GMAC REAL ESTATE, LLC 45 | <u>-</u> |
|-------------------------------|---|----------|
| The Certificate as follows: | of Formation of the limited liability company is hereby amended | đ |
| Change Name | to: | |
| Real Living | Real Estate, LLC | |
| | | |
| | | |
| | | |
| IV WITNESS V | VHEREOF, the undersigned have executed this Certificate on | |
| the 5th | day of November , A.D. 2009 | |
| | By: Manorth (B) | 5 |
| | Authorized Porson(s) | |
| | Name: Shannon Casey | > |
| | Print or Type | _ |