

Division of Corporations

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L120007554

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305) 372-1350
Fax Number : (305) 372-1352

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

Email Address: _____

Madeline@thestylesgroup.com

RECEIVED
12 JUN 14 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHEAST RESIDENTIAL RECOVERY FUND V, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

D. BRUCE

JUN 15 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**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:
Southeast Residential Recovery Fund V, 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 Manager is incorrectly listed as Styles LP, LLC.

The correct Manager is Styles LP II, LLC, 3250 Mary Street, Suite 306,

Miami, FL 33133.

OR

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

Dated: June 13, 2012


Signature of a member or authorized representative of a member

Paul C. Steinfurth

Typed or printed name of signee

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

FILED
12 JUN 14 AM 9:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

L12000077554
FILED 8:00 AM
June 11, 2012
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

SOUTHEAST RESIDENTIAL RECOVERY FUND V, LLC

Article II

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

3250 MARY STREET
SUITE 306
MIAMI, FL. US 33133

The mailing address of the Limited Liability Company is:

3250 MARY STREET
SUITE 306
MIAMI, FL. US 33133

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:

ALAN W LEVINE
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL. 33131

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: ALAN W. LEVINE

Article V

The name and address of managing members/managers are:

Title: MGR
STYLES LP, LLC
3250 MARY STREET, SUITE 306
MIAMI, FL. 33133 US

L12000077554
FILED 8:00 AM
June 11, 2012
Sec. Of State
thampton

Signature of member or an authorized representative of a member

Electronic Signature: PAUL C. STEINFURTH

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.