

L16000137940
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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MODEL HOME FINANCING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	024
Estimated Charge	\$25.00

2016 AUG 11 PM 2:57

TALLAHASSEE, FLORIDA

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16 AUG -5 AM 9:09
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

8/11/2016 2:03:12 PM From: To: 8506176383(2/4)



August 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MODEL HOME FINANCING, LLC
7691 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446

SUBJECT: MODEL HOME FINANCING, LLC
REF: L16000137940

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H16000191468
Letter Number: 016A00016584

APR 11 2016
Filing date of submission 8/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Model Home Financing, LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Miller

Name of Person

Firm/Company

7691 Porto Vecchio Place

Address

Delray Beach, Florida 33446

City/State and Zip Code

dmiller@modelleasing.com

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

For further information concerning this matter, please call:

David Miller

Name of Person

at (**561**) **638-5611**

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

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TALLAHASSEE, FLORIDA

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Model Home Financing, LLC

SECOND: The Florida Document number of the limited liability company is: L16000137940

THIRD: Document to be corrected is: Articles of Organization for Limited Liability Company

(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:

Robert Keyser's last name appears incorrectly on sunbiz as "Kevser."

Robert Keyser's full name should be listed as "Robert D. Keyser Jr."

OR

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

OR

The error in the transmission of the record was defective.

Daniel Miller Manager

Signature of Authorized Representative

8/11/16

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation)

New Registered Agent's Signature, if changing Registered Agent

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Daniel Miller

Registered Agent's Signature

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

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