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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 future annual report mailings. Enter only one email address please. **

Address:				
	Address:	Address:	Address:	Address:

Foreign Limited Liability Company Southeast Residential Recovery Fund I, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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Help J. BRYAN

JUN 27 2011

EXAMMER

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

IN COMPLIANCE WITH SECTION 608.503, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISTER A FOREIGN

L	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	V2)O/4						
1.	Southeast Residential Recovery Fund I, LLC							
	me of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")							
ÇO	If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company," "L.L.C." "LLC.")	ritten Y						
2.	Delaware 3, 27-3885859							
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)							
4.	November 5, 2010 5, perpetual							
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")							
,	$\overline{\mathcal{A}}$	جہ یں						
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	JUN 24 ECRETAR)						
7	3250 Mary Street, Suite 306, Miami, Florida 33133	N2						
٠.	· — · · · · · · · · · · · · · · · · · ·	-						
	(Street Address of Principal Office)	'유 로						
		်ုပ္သုိ မှာ						
8.	If limited liability company is a manager-managed company, check here							
9.	. The name and usual business addresses of the managing members or managers are as follows:	,						
	The Manager is: Styles LP, LLC, 3250 Mary Street, Suite 306, Miami, Florida 33133.							
the	 Attached is an original certificate of existence, no more than 90 days old, duty authenricated by the official having custody of recore jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) 	rds in						
11	1. Nature of business or purposes to be conducted or promoted in Florida: real estate							
	holdings							
	1/2							
	Signature of a member or an authorized representative of a member.							
	(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of perfury that the facts stated herein are true. I am aware that any 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.)							

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Southeast Residential Recovery Fund I, L	LC
If unavailable, the alternate to be used in the state of Florida is	s:
2. The name and the Florida street address of the registered as	gent and office are:
Alan W. Levine, Esquire	Ass →
(Name)	
1110 Brickell Avenue, Suite 700	ARYY ASSE
Florida Street Address (P.O. Box NOT	7 3 I
Miami FL 3313	31 3: Q
City/State/Zip	20 mm

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 as provided for in Chapter 608, Florida Statutes.

(1.62....)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RESIDENTIAL RECOVERY FUND
I, 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 EIGHTH DAY OF JUNE, A.D.
2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST RESIDENTIAL RECOVERY FUND I, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2010.

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

11 JUN 24 AH 3: 06
SECRETARY OF STATE
ALLAHASSEE, FIORIO,

4894705 8300

110701282

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

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 8818643

DATE: 06-08-11