

M14000006889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

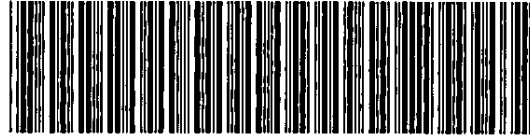
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400264262194

09/15/14--01043--010 \*\*155.00

M14-6889

FILED  
14 SEP 23 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M14-575-87

SEP 24 2014

N. CAUSSEUX

FISHMAN HAYGOOD PHELPS  
WALMSLEY WILLIS & SWANSON, L.L.P.

201 ST. CHARLES AVENUE  
46TH FLOOR  
NEW ORLEANS, LOUISIANA 70170-4600  
(504) 586-5252  
FAX (504) 586-5250

PAULA L. MAYFIELD  
(504) 586-5247 DIRECT  
PMAYFIELD@FISHMANHAYGOOD.COM

September 12, 2014

File No. 2173-029

**FEDERAL EXPRESS**

Florida Secretary of State  
Division of Corporations  
Registration Section—Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, Florida 32301

***RE: Authorization of Foreign LLC***

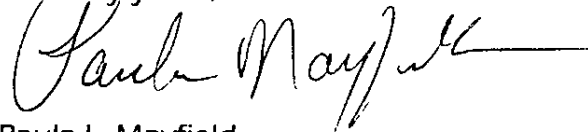
Dear Sir/Madam:

Please file the attached Application by Foreign LLC to Transact Business for AMCREF Fund XXV, LLC in your records and return to me a certified copy. I enclosed an extra copy in case you need it. I have also enclosed a return FedEx envelope for your use in returning the document to me and a check in the amount of \$155 to cover the cost of this service.

If you have any questions or need any further information, you may contact me at 504-586-5247 or by e-mail at [pmayfield@fishmanhaygood.com](mailto:pmayfield@fishmanhaygood.com).

Thanking you in advance, I remain

Sincerely yours,



Paula L. Mayfield  
Paralegal

PLM  
Attachments



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2014

PAULA L MAYFIELD  
FISHMAN HAYGOOD PHELPS  
201 ST CHARLES AVE 46TH  
NEW ORLEANS, LA 70170-4600

SUBJECT: AMCREF FUND XXV, LLC  
Ref. Number: W14000057587

We have received your document for AMCREF FUND XXV, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 514A00020162

FISHMAN HAYGOOD PHELPS  
 WALMSLEY WILLIS & SWANSON, L.L.P.  
 201 ST. CHARLES AVENUE  
 46TH FLOOR  
 NEW ORLEANS, LA 70170  
 PHONE: (504) 586-5252  
 FAX: (504) 586-5250

# Fax

TO: Tim Secretary of State

FAX NUMBER: 850-245-6030

FROM: Paula L. Mayfield

DIRECT DIAL NO: (504) 586-5247

DATE: September 23, 2014

FILE NO:

We are sending <sup>4</sup> 5 pages (including this page)  
 If there are any problems, please contact Paula at (504) 586-5247.

## MESSAGE:

Tim,

Here is the entire application again with the information added in. Thanks so much for your help. I greatly appreciate it. If you need anything further, please call me at the number above.

Thanks,

*Paula Mayfield*

RECEIVED  
 14 SEP 23 AM 11:09  
 DIVISION OF CORPORATION  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

This facsimile communication contains information that is intended only for the recipient named and may be confidential and subject to the attorney-client privilege. If you are not the intended recipient or an agent responsible for delivering this communication to the intended recipient, you are hereby notified that you have received this facsimile in error, and that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone (call collect at 504/586-5252) and return the original facsimile to us by mail without retaining any copies. Thank you.

**Causeaux, Nanette**

---

**From:** Mayfield, Paula [REDACTED] >  
**Sent:** Thursday, September 25, 2014 9:36 AM  
**To:** Causeaux, Nanette  
**Subject:** RE: AMCREF FUND XXV, LLC M14000006889

The email is below. Thanks for your help.

Kaitlin Ryan [kaitlin@amcref.com](mailto:kaitlin@amcref.com)

*Paula L. Mayfield, Paralegal*  
Fishman Haygood Phelps  
Walmsley Willis & Swanson, L.L.P.  
201 St. Charles Avenue, Suite 4600  
New Orleans, Louisiana 70170  
Phone: 504-586-5252  
Direct Line: 504-586-5247  
Fax: 504-586-5250  
Direct Fax: 504-310-0247

This transmittal and/or attachments may be a confidential attorney-client communication or may otherwise be privileged or confidential. If you are not the intended recipient, you are hereby notified that you have received this transmittal in error; any review, dissemination, distribution or copying of this transmittal is strictly prohibited. If you have received this transmittal and/or attachments in error please notify us immediately by reply or by telephone (call us collect at 504-586-5252) and immediately delete this message and all its attachments.

IRS Circular 230 disclosure: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMCREF Fund XXV, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. LA

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4118 Magazine Street, New Orleans, LA 70115

(Street Address of Principal Office)

6. 4118 Magazine Street, New Orleans, LA 70115

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

AMCREF Community Capital, LLC, 4118 Magazine St., New Orleans, LA 70115 - Managing Member

R.E. Investment Management, LLC, 4118 Magazine St., New Orleans, LA 70115 Member

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and 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.)

Clifford Kenwood

Typed or printed name of signee

FILED 14 SEP 23 PM 12:01 SEC OF STATE TALLAHASSEE, FLORIDA

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 OF 605.0902 (1)(d) 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:  
Ameref Fund XXV, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

33324

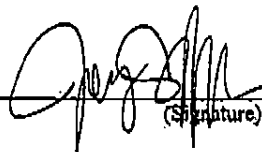
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 23 PM 12: 01

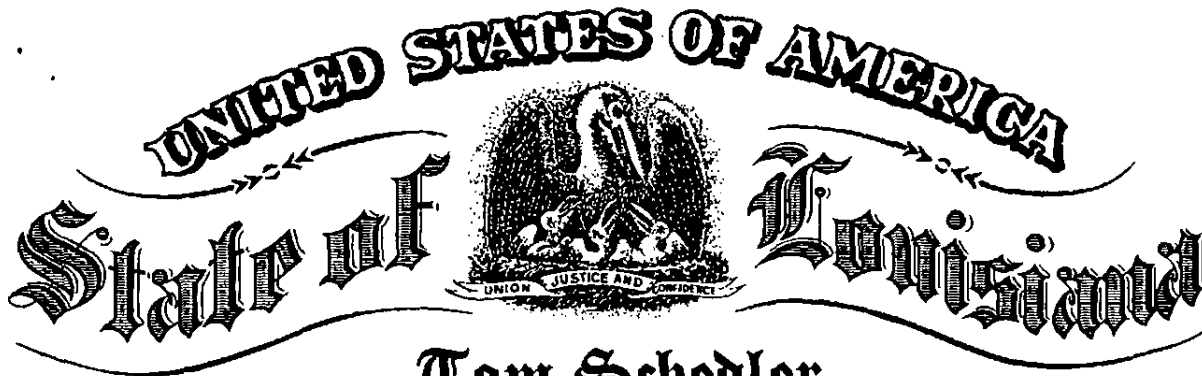
FILED

*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 605, Florida Statutes.*



(Signature) Joy Schroeder, Asst. Secretary

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



**Tom Schedler**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**AMCREF FUND XXV, LLC**

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on December 18, 2012,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

FILED

14 SEP 23 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 12, 2014

*Secretary of State*

Web 41024120K



Certificate ID: 10526983#N83

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)