

May. 11. 2016 10:55AM  
Division of Corporations

O'Hare, Quinn, Casalino

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Foreign Limited Liability Company  
SOUTHEAST RESIDENTIAL RECOVERY FUND X, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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S. YOUNG

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. SOUTHEAST RESIDENTIAL RECOVERY FUND X, 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. Delaware(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. 3250 Mary Street, Suite 306Miami, FL 33133

(Street Address of Principal Office)

6. 3250 Mary Street, Suite 306Miami, FL 33133

(Mailing Address)

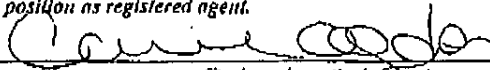
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Carol OgdenOffice Address: 3250 Mary Street, Suite 306Miami

(City)

Florida 33133

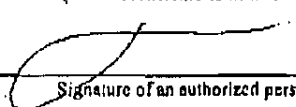
(Zip code)

## Registered agent's acceptance:

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 application, 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.

(Registered agent's signature)

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

STYLES LPR, LLC - MGR3250 Mary Street, Suite 306, Miami, FL 331339. Attached is a 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. (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 personThis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.159, F.S.Paul R. Steinfurth

Typed or printed name of signer

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STATE  
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FLORIDA  
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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RESIDENTIAL RECOVERY FUND X,  
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 FIFTH DAY OF MAY, A.D. 2016.

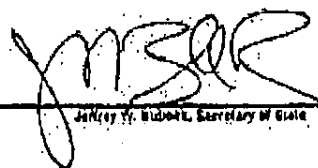
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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202265540

Date: 05-05-16

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