11/1/0000/576

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone #)		
(Cit	y/3tate/21p/F110fie #)		
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer:		
1000	-		
W17-15385)		

Office Use Only



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RRUCE FEB 23 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2017

CSC MELISSA ZENDER RESUBMIT

Please give original submission date as file date.

SUBJECT: NCRC HOUSING REBAB FUND, LLC

Ref. Number: W17000015385

We have received your document for NCRC HOUSING REBAB FUND, LLC and the authorization to debit your account in the amount of \$902.50. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000192589.

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

Letter Number: 617A00003409

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 517927 4320916
AUTHORIZATION : Savels of
COST LIMIT : \$ 902.50
ORDER DATE : February 21, 2017
ORDER TIME : 12:32 PM
ORDER NO. : 517927-010
CUSTOMER NO: 4320916
FOREIGN FILINGS
NAME: NCRC HOUSING REHAB FUND, LLC
XXXX QUALIFICATION (TYPE: LL) SS 2
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

February 22, 2017

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: NCRC Housing Rehab Fund, LLC - Document No. L15000192589

To Whom It May Concern:

NCRC Housing Rehab Fund, LLC, a limited liability company formed with the Florida Secretary of State on November 13, 2015, filed Articles of Dissolution on February 21, 2017, Document Number L15000192589, and has no intentions of reinstating and hereby releases the name.

NCRC Housing Rehab Fund, LLC

Edward Gorman, Manager

CHI FEB ZI A 9-51

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

IN COMPILANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavailable, enter all Liability Company," "L.L.C."	ernate name adopted for the purpose of tran	isacting business in Florida. The alterna	ite name must include "Limited	
Delaware		30-0854175		
	of which foreign limited liability	(FEI number, if appl	icable)	
4.	November 4, 2015			
*	(Date first transacted business in Fl (See sections 605,0904 & 605,0905. I	orida, if prior to registration.) F.S. to determine penalty liability)		
5	740 15th Street NW, Suite	100		
	Washington, DC 20005			
	(Street Address of Principa	al Office)		
6.	740 15th Street NW, Suite 4	.00	₹. 2	
	Washington, DC 200	05		~T ~]
<u> </u>	(Mailing Addres	Σ)		دور پر پر دور پر پر
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	1883 2	Carland F
Name:	Corporation Service Company			{ i !
Office Address:	1201 Hays Street		95 4	
	Tallahassee	, Florida 32301	三	
	(City)	(Zip co	de)	
designated in this applica to complywith the provisi	rgistered ugent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent. Corporation Service Company By:	as registered agent and agree to ac	et in this capacity. I further Eduties, and I am familiar w Zender	agree
8. The name, tit	tle or capacity and address of the person	-	ge is/are:	
727 Managemen	t Company, LLC, 740 15th Street NW,	Suite 400, Washington, DC 20005.	Manager	
				
		<u> </u>		
				
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old of which it is organized. (If the certific submitted)	l, duly authenticated by the official late is in a foreign language, a transl	having custody of records in ation of the certificate under	the oath
jurisdiction under the law	of which it is organized. (If the certific	l, duly authenticated by the official late is in a foreign language, a transl	having custody of records ation of the certificate und	in er

Edward Gorman, Manager of 727 Management Company, LLC

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NCRC HOUSING REHAB FUND, 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NCRC HOUSING REHAB FUND, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2014.

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

Authentication: 202069585

Date: 02-21-17

5661209 8300 SR# 20171070312 February 22, 2017

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: NCRC Housing Rehab Fund, LLC - Document No. L15000192589

To Whom It May Concern:

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NCRC Housing Rehab Fund, LLC

Edward Gorman, Manager