

05/26/2017

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TO: 18506176383 FROM: 3054233206

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : 1850617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001157
Phone : 3051372-1350
Fax Number : 3051372-1352

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

Email Address: carol@thestylesgroup.com

Foreign Limited Liability Company

Southeast Residential Recovery Fund XII, LLC

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

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207 LLC

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Corporate Filing Menu

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MAY 30 2017

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0912, 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 XII, 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. 82-1088113

(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 holiday)

5. 3250 Mary Street

(Street Address of Principal Office)

Suite 306

Miami, FL 33133

6. 3250 Mary Street

(Mailing Address)

Suite 306

Miami, FL 33133

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Carol Ogden

Office Address: 3250 Mary Street, Suite 306

Miami

(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.

Carol Ogden

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

Styles LPR, LLC

3250 Mary Street, Suite 306

Miami, FL 33133

(Use attachments if necessary)

9. 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 person

10. This 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.817.155, F.S.

Paul R Steinfurth

Typed or printed name of signer

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RESIDENTIAL RECOVERY FUND XII, 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-FIFTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST RESIDENTIAL RECOVERY FUND XII, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2017.

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

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SR# 20174068979

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

Handwritten signature of Jeffrey W. Bullock.
Jeffrey W. Bullock, Secretary of State

Authentication: 202602505

Date: 05-25-17

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