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Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2018

CSC

SUBJECT: RESIBUILT HOMES, LLC

Ref. Number: W18000053477

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

THE STANTS BY THE

Letter Number: 118A00011961

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 235687 - 8086872

AUTHORIZATION : THE REAL

COST LIMIT : \$ 125.00

ORDER DATE: May 30, 2018

ORDER TIME : 10:09 AM

ORDER NO. : 235687-015

CUSTOMER NO: 8086872

FOREIGN FILINGS

NAME: RESIBUILT HOMES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

то:		ion Section of Corporation	•				
SUBJE		BUILT HONE	S, LLC				
			Name of L	imited Liability (Сотрапу		
The enc Existence	losed "App ce, and che	olication by Fore	eign Limited Liability Compa I to register the above referen	any for Authoriza nced foreign limit	tion to Tra	nsact Business in Florida," C company to transact busines	lertificate of ss in Florida.
Please n	eturn all co	rrespondence co	oncerning this matter to the f	following:			
	;	SUSANNE MC	MURRY				
	_	·· -	Na	me of Person			
	1	RESIDENTIAL	CAPITAL MANAGEMEN	rr			
	_		Fir	m/Company			
		3630 Peachtree	Rd NE, Suite 1500				
	-			Address			
	•	Atlanta, GA 303	26				
	-		City/Sta	ate and Zip Code			
	SI	ncmurry@resic	ap.com				
			E-mail address: (to be used	for future annual	report noti	fication)	
For furth	her informa	tion concerning	this matter, please call:				
	Susanne l	МсМшту		844 at (5540196	6	
		Name of	Contact Person	Area Code	Dayt	time Telephone Number	
	Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 se, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ce, FL 32301	
Enclose		for the following Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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:

(If name unavailable, enter alternate na			y Company," "L.L.C.," or "LLC.")			
	ame adopted for the purpose of transacting business in Flo			bity Company," "L.L.(C," or "LLC	ר".
2. DELAWARE		3.	83-0673929	(FEI number, if applicable)		
() furstiction under the law of wi	nich foreign limited liability company is organized)		(LEI BITEIOC	r, ir appiicaoje)		
4.						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ			man de la casa	<u>ه</u> يــ	
5, 3630 Peachtree Rd NE	, Suite 1500	6.	3630 Peachtree Rd NE, Suit	c 1500 🚈 🔆	ÇD	
(Street Address of F Atlanta, GA 30326	rincipal Office)		(Mailing Addre	u)	۳	
Atlanta, OA 30320			Attaina, OA 30320			
 						1.
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	acceptable)		圣 8	D.
Name:	Corporation Service Company				رز) 	
Office Address:	1201 Hays Street			49	ξc	;
	Tallahassee		51:4- 32301	4.5		
	(City)		, Florida 32301 (Zip code			
	By: II X XII/I/I/L/I/L/I/L	٠ ١				
8. The name, title or capa	(Registered agent's acity and address of the person(s) who h		authority to manage is/are:	ASST. V	ice Pre	esident
8. The name, title or capa Title or Capacity:	1	as/have	authority to manage is/are:	Name and A		esident
	acity and address of the person(s) who h Name and Address: George A. Capps	ns/have <u>T</u>		Name and A	<u>ddress:</u>	
Title or Capacity:	acity and address of the person(s) who h	ns/have <u>T</u>	itle or Capacity:	Name and A	<u>ddress:</u> pp ree Rd N	
Title or Capacity:	acity and address of the person(s) who h Name and Address: George A. Capps 3630 Peachtree Rd NE, Suite	ns/have <u>T</u>	itle or Capacity:	Name and A James L. Pop 3630 Peachts	<u>ddress:</u> pp ree Rd N	
Title or Capacity:	acity and address of the person(s) who h Name and Address: George A. Capps 3630 Peachtree Rd NE, Suite Atlanta, GA 30326	ns/have <u>T</u>	itle or Capacity:	Name and A James L. Pop 3630 Peachts	<u>ddress:</u> pp ree Rd N	
Title or Capacity: Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s	George A. Capps 3630 Peachtree Rd NE, Suite Atlanta, GA 30326 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifica	as/have T	itle or Capacity: Aember thenticated by the official has foreign language, a translati	Name and A James L. Pop 3630 Peachts Atlanta, GA ving custody of on of the certification	ddress: pp ree Rd N 30326	E. Suite
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	George A. Capps 3630 Peachtree Rd NE, Suite Atlanta, GA 30326 ssary) cof existence, no more than 90 days old, of which it is organized. (If the certifical submitted)	as/have T	itle or Capacity: Itember Ithenticated by the official has foreign language, a translation, Florida Statutes. I am aware felony as provided for income	Name and A James L. Pop 3630 Peachts Atlanta, GA ving custody of on of the certification o	ddress: pp ree Rd N 30326	E. Suite
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	George A. Capps 3630 Peachtree Rd NE, Suite Atlanta, GA 30326 ssary) cof existence, no more than 90 days old, of which it is organized. (If the certifical submitted)	as/have T	itle or Capacity: Itember Ithenticated by the official has foreign language, a translation, Florida Statutes. I am aware felony as provided for income	Name and A James L. Pop 3630 Peachts Atlanta, GA ving custody of on of the certification o	ddress: pp ree Rd N 30326	E. Suite
(Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	George A. Capps George A. Capps 3630 Peachtree Rd NE, Suite Atlanta, GA 30326 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted) cuted in accordance with section 605.020	as/have T	itle or Capacity: Itember Ithenticated by the official has foreign language, a translation, Florida Statutes. I am aware felony as provided for income	Name and A James L. Pop 3630 Peachts Atlanta, GA ving custody of on of the certification o	ddress: pp ree Rd N 30326	E. Suite

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RESIBUILT HOMES, 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 THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESIBUILT HOMES, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2018.

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

Authentication: 202797859

Date: 05-31-18