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Foreign Limited Liability Company

SOUTHEAST RESIDENTIAL RECOVERY FUND XVII, LLC

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July 24, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIPP SCOTT, P.A.

SUBJECT: SOUTHEAST RESIDENTIAL RECOVERY FUND XVII, LLC

REF: W18000067263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000212166 Letter Number: 218A00015180

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(City) Grant Address: Co TRIPP SCOTT PA. 110 SE 6H ST, 15TH FL FORT LAUDERDALE (City) Suignated in this application, I hereby accept the appointment as a systemed agent and to accept the appointment as a systemed agent and stratus relative to the proper and comply with the provisions of all statutas relative to the proper and comply with the provisions of all statutas relative to the proper and comply with the provisions of all statutas relative to the proper and comply to the above stated limited and I am familiar to decept the above stated stratus of my position as registered agent. (Registered agent to manage is/are: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Addres	f name unavadable, circi oliunule;	etanicud gritizament of transacting business	in Florida. The alternme mane ma	ast michale "Limited L	lability Company," "Lil., C;" or "LLC.")
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(Mailing Address) Suite 306 MIAMI FL 33133 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: IAN LIS ESO Office Address: do TRIPP SCOTT PA. 110 SE 6TH ST, 15TH FL FORT LAUDERDALE (Cuy) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the presignated in this application, I hereby accept the appointment as registered agent and comply with the provisions of all statutas relative to the proper and comply with the provisions of all statutas relative to the proper and complying performance of my duties, and I am familiar to descept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: MANAGER STYLES LPR II, LLC 3250 MARY ST, SUITE 106 MIAMI FL 33133 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the content of the official having custody of records in the content of the proper of the content of the person of		(See sections 605 0904 & 605,0905, F.S. to d	cicumine benuith propints)		
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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RESIDENTIAL RECOVERY FUND
XVII, 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 TWENTIETH DAY OF JULY, A.D.
2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST

RESIDENTIAL RECOVERY FUND XVII, LLC" WAS FORMED ON THE NINETEENTH

DAY OF JULY, A.D. 2018.

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

6981861 8300 5R# 20185769124

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

Jeffrey or Shallech, Seccessory of State

Authentication: 203102336

Date: 07-20-18