L03000004492

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COVER LETTER

Divi	ision of Corporations			
SUBJECT:	Palmetto Design Center, LLC			
Name of Limited Liability Company				
Dear Sir or M	/adam:			
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning this matt	er to the following:		
Alan S. M	facken			
	Name of Person			
Palmetto	Design Center			
	Firm/Company			
17071 We	est Dixie Highway			
	Address			
North Mia	ımi Beach, Florida 33160			
	City/State and Zip Code			
jtellian@n	nackencompanies.com			
E-m	nail address: (to be used for future annua	l report notification)	
For further in	nformation concerning this matter, please	e call:		
Adam Kla	auber, Esq.	954	424-9666	
,=41.5	Name of Person	Area Code	Daytime Telephone Number	
Reg	REET/COURIER ADDRESS: istration Section ision of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
Clif 26 6	ton Building 1 Executive Center Circle lahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority: FIRST: The name of the limited liability company is: Palmetto Design Center, LLC SECOND: The Florida Document Number of the limited liability company is: <u>L03000004492</u> THIRD: The street address of the limited liability company's principal office is: 17071 West Dixie Highway North Miami Beach, Florida 33160 The mailing address of the limited liability company's principal office is: 17071 West Dixie Highway North Miami Beach, Florida 33160 FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following: 1. May execute an instrument transferring real property held in the name of the company. Granted to: Alan S. Macken b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to :Alan S. Macken b. No authority granted to: Alan S.Macken Typed or printed name of signature ignature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)