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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
150th Street Energy, LLC SUBJECT:		
	of Limited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)) are submitted for filing.	
Please return all correspondence concerning this	is matter to the following	:
Jeffrey S. Wood, Esq.		
Name of Person		
May, Meacham & Davell, PA		
Firm/Company		
One Financial Plaza, Suite 2602		
Address		
Fort Lauderdale, Florida 33394		
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
jwood@mmdpa.com		
E-mail address: (to be used for future	annual report notification	1)
For further information concerning this matter,	please call:	
Jeffrey S. Wood	954 at (763 6006
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327

Tallahassee, Florida 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2016

JEFFREY S WOOD MAY, MEACHAM & DAVELL, PA ONE FINANCIAL PLAZA, SUITE 2602 FORT LAUDERDALE, FL 33394

SUBJECT: 150TH STREET ENERGY, LLC

Ref. Number: L05000025889

We have received your document for 150TH STREET ENERGY, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00020669

16 SEP 29 PM 1: 16

STATEMENT OF AUTHORITY

RST: The name	of the limited liability company is:		
50th Street E			
COND: The Flo	rida Document Number of the limited liability	y company is: L050000258	89
	address of the limited liability company's pri		
	orthwest 22nd Avenue		
Opa Loc	ka, Florida 33054		_
			_
The mail	ng address of the limited liability company's	principal office is:	
	otgun Road	F	
Sunrise	Florida 33326		
·			
	tement of authority grants or sets limitations in a company, whether as a member, transferding:	of authority on all persons havi	
sition of a person rson on the follow I. May e	in a company, whether as a member, transference: Recute an instrument transferring real property	of authority on all persons havi ee, manager, officer or otherwis	se or to a specific
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Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

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