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COVER LETTER

	vision of Corporations				
SUBJECT:	Samjack Blackstone, LLC, a F	Florida limited	liability company		
	Name of Limited Liability Company				
Dear Sir or l	Madam:				
The enclosed	d Statement of Authority and fee(s) are so	ubmitted for filing.			
Please return	n all correspondence concerning this matt	ter to the following	:		
Ivette Ro	driguez, Esquire				
	Name of Person		•		
IVETTE	RODRIGUEZ, P.A.				
	Firm/Company		•		
201 ALH	AMBRA CIRCLE SUITE 500				
	Address		•		
CORAL	GABLES, FLORIDA 33134				
	City/State and Zip Code		•		
irr_esq@	bellsouth.net	ing the second of the second of	n iş gir		
E-1	mail address: (to be used for future annua	l report notification	n)		
For further i	nformation concerning this matter, please	e cali:			
Ivette Ro	driguez, Esquire	305 at (447-1710		
	Name of Person	Area Code	Daytime Telephone Number		
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations flon Building 11 Executive Center Circle llahassee, Florida 32301	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations a 6327 see, Florida 32314		

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority		ing statement of
FIRST:	The name of the limited liability company is: Samjack Blackstone, LLC	
SECONI	D: The Florida Document Number of the limited liability company is:	ı
	The street address of the limited liability company's principal office is: 3001 W Hallandale Beach Blvd	
	300	
	Pembroke Park FI 33009	
	The mailing address of the limited liability company's principal office is:	
position of person of	H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise of the following: 1. May execute an instrument transferring real property held in the name of the company.	or to a specific
	a. Granted to: Sam Jazayri, Manager	29
	b. No authority granted to:	OF STATE
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: Sam Jazayri, Manager	iny.
	b. No authority granted to:	
	Sam Jaza	yri_
Signature	c of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	signature

CR2E138 (2/14)