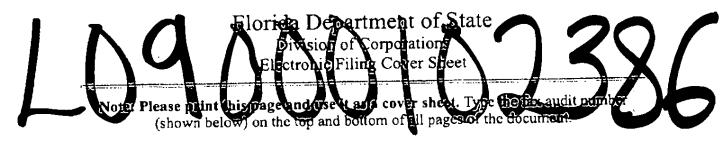
3/31/2021

Division of Corporations



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From:

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Account Number : I20110000091

Phone : (305)858-9900 Fax Number : (305)285-0015

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARAL, LLC

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M. SOLOMON

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## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company subauthority:	
FIRST: The name of the limited liability company is: ARAL, LLC	<u> </u>
SECOND: The Florida Document Number of the limited liability company is:	9000102386
THIRD: The street address of the limited liability company's principal office is: 9300 S. DADELAND BOULEVARD	2021
SUITE 600	#PR -
MIAMI, FL 33156	
The mailing address of the limited liability company's principal office in 9300 S. DADELAND BOULEVARD	is: 2. 0. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
SUITE 600	
MIAMI, FL 33156	
1. May execute an instrument transferring real property held in the nam  Luis Jaraba, as trustee of the Luis Jaraba Living  a. Granted to:	Trust and
Alfonso Garces, as trustee of the Alfonso Garces Living To	rust.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or otherwise act for a. Granted to:  Luis Jaraba, as trustee of the Luis Jaraba Livi	or bind, the company. ing Trust and
Alfonso Garces, as trustee of the Alfonso Garces Living T	rust.
b. No authority granted to:	
DDW ACTON	180 GARCES
Signature of authorized representative Filing Fee: \$25.00	or printed name of signature

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