

L 1 0 000012163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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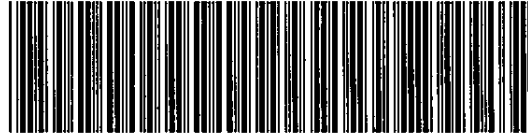
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 979 SW 10 ST #1, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph B. Ryan, III

Name of Person

Joseph B. Ryan, III, PA

Firm/Company

8925 SW 148 Street, Suite 200

Address

Miami, Florida 33176

City/State and Zip Code

jbryanlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph B. Ryan, III

at (305)

498-9675

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: 979 SW 10 ST #1, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000012163

THIRD: The street address of the limited liability company's principal office is:

170 SE 14 STREET, SUITE 1002

MIAMI, FLORIDA 33131

The mailing address of the limited liability company's principal office is:

170 SE 14 STREET, SUITE 1002

MIAMI, FLORIDA 33131

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.

a. Granted to: SAMIR JAIEB and JOSEPH B. RYAN, III

- No authority is granted to BETSY ARIAS -

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: SAMIR JAIEB, JOSEPH B. RYAN, III and

BETSY ARIAS

b. No authority granted to: _____


Signature of authorized representative

Samir Jaieb
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)