



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2051 MELON 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:

Sarah Barbaccia

\_\_\_\_\_  
Name of Person

Sarah Barbaccia, P.A.

\_\_\_\_\_  
Firm/Company

942 SW 93 Terrace

\_\_\_\_\_  
Address

Plantation, FL 33324

\_\_\_\_\_  
City/State and Zip Code

sbarbaccia@barbaccialaw.com

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

For further information concerning this matter, please call:

Sarah Barbaccia

\_\_\_\_\_  
Name of Person

at ( 954 ) 748-4890

\_\_\_\_\_  
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

FILED  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
19 JUL -3 4M 9-20

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: 2051 MELON LLC

**SECOND:** The Florida Document Number of the limited liability company is: L12000081982

**THIRD:** The street address of the limited liability company's principal office is:  
100 N. BISCANE BLVD # 3050

MIAMI, FL 33132

The mailing address of the limited liability company's principal office is:  
100 N. BISCANE BLVD # 3050

MIAMI, FL 33132

**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.

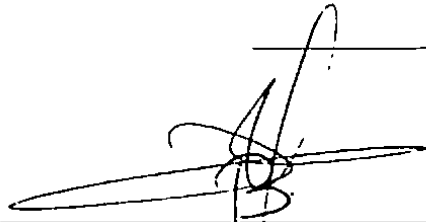
a. Granted to: Sarah Barbaccia, Esq.

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 : Sarah Barbaccia, Esq.

b. No authority granted to: \_\_\_\_\_

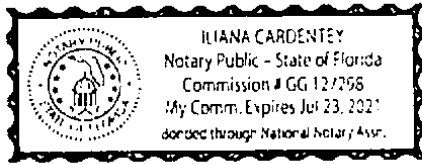
  
\_\_\_\_\_  
BERNARD MELON



  
\_\_\_\_\_  
SYLVIA MELON

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was sworn and subscribed before me this 18<sup>th</sup> day of June, 2019, by Bernard Melon & Sylvia Melon who produced Passport - as identification.

SEAL:



  
\_\_\_\_\_  
Notary Public  
  
\_\_\_\_\_  
Printed Notary Name

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