# L12000118501

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# **COVER LETTER**

	me of Limited Liability Company
	the of Emilied Frankly Company
Dear Sir or Madam:	
The enclosed Statement of Authority and for	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JOHN SILVA	
Name of Person	
FIRST WAY ENTERPRISES LL	С
Firm/Company	
400m0 0144 50 0T 14 0mm	
13876 SW 56 ST suite 275	
138/6 SW 56 ST suite 2/5  Address	
Address	
Address  MIAMI, FL 33175  City/State and Zip Code	
Address  MIAMI, FL 33175  City/State and Zip Code	ture annual report notification)
Address  MIAMI, FL 33175  City/State and Zip Code  jsss5@yahoo.com  E-mail address: (to be used for tur	·
Address  MIAMI, FL 33175  City/State and Zip Code jsss5@yahoo.com	·

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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: FIRST WAY ENTERPRISES LLC SECOND: The Florida Document Number of the limited liability company is: L12000118501 **THIRD:** The street address of the limited liability company's principal office is: 13876 SW 56 ST suite 275 MIAMI, FL 33175 The mailing address of the limited liability company's principal office is: 13876 SW 56 ST suite 275 MIAMI, FL 33175 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:\_\_\_JOHN SILVA 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: JOHN SILVA b. No authority granted to:

Signature of authorized representative

JOHN SILVA J & M TRUST REALTY LLC

Typed or printed name of signature

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