

L13000112935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

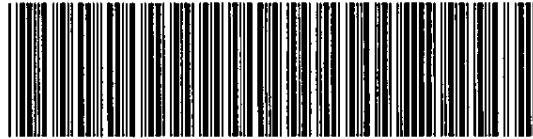
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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AUG 16 2016  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6585 Allison Road, 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:

Rafael Cedeno  
Name of Person

6585 Allison Road, LLC  
Firm/Company

2137 NW 2nd Avenue  
Address

Miami, FL 33127  
City/State and Zip Code

rafaelcedenoc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Cedeno at ( 786 ) 603 4832  
Name of Person Area Code Daytime Telephone Number

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**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: 6585 Allison Road, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000112935

THIRD: The street address of the limited liability company's principal office is:  
2137 NW 2nd Avenue  
Miami, FL 33127

The mailing address of the limited liability company's principal office is:  
2137 NW 2nd Avenue  
Miami, FL 33127

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.

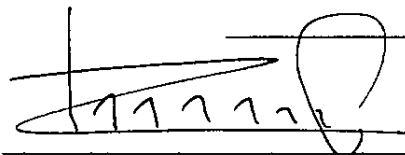
a. Granted to: Rafael Cedeno

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: Rafael Cedeno

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



Signature of authorized representative

Rafael Cedeno

Typed or printed name of signature

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

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TALLAHASSEE, FLORIDA

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