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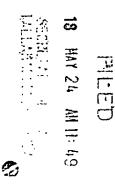
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PICK-UP WAIT MAIL	-
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Special Instructions to Filing Officer:	
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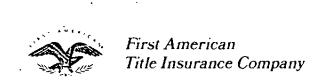


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O SIMMONS MAY 25 2018



NANCY COTTO SENIOR COMMERCIAL ESCHOW OFFICER

May 23, 2018

VIA FEDERAL EXPRESS

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

RE: Gables Auto Vault, LLC-Statement of Authority

In connection with the above referenced matter, enclosed please find a Statement of Authority to be filed and our check in the amount of \$55.00 to cover the filing fee and delivery of a certified copy. Once filed, please forward a Certified copy of the following to my attention to the following address:

Nancy Cotto First American Title Insurance Company 13450 W. Sunrise Blvd, Suite 300 Sunrise, FL 33323

Should you have any questions, please feel free to contact me at 954-839-2960.

Sincerely,

Nancy Cotto

Sr. Commercial Escrow Officer

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:	<u>.</u>
FIRST: The name of the limited liability company is: Cables Auto Vault LLC	/
SECOND: The Florida Document Number of the limited liability company is: L13006 173760	P
THIRD: The street address of the limited liability company's principal office is: 3850 Bird Rd. St. Floor Miami, FL 33146	
MIAMI, F C 3514C	
The mailing address of the limited liability company's principal office is: 3850 Bird Rd. 84 floor	
Mianii Fl 33140	
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.	WINE THE
a. Granted to: Tomas Cabrerizo and Sheldon Lowe	11. 49
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:	
b. No authority granted to:	
Signature of authorized representative Typed or printed name of signature	ئ
Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	