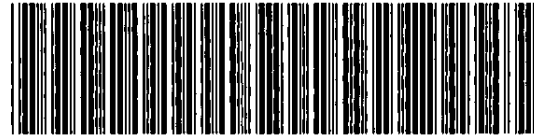


**L14 000048280**



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05/02/17--01014--001 \*\*55.00

(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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TALLAHASSEE, FLORIDA

M. MILLIGAN  
MAY - 4 2017

THE LAW OFFICES OF  
**LORENE SEELER YOUNG, P.A.**

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April 27, 2017

VIA FEDERAL EXPRESS

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

RE: REDCOW, LLC, Statement of Authority  
OUR FILE: 16005-52 / 17-0118

To whom it may concern:

Enclosed please find the cover letter, statement of authority and check number 5252 in the amount of \$55.00 for the filing and certified copy of the statement of authority. **Please forward the certified copy in the FedEx envelope provided. It is imperative that we receive this back as soon as possible in order to avoid any delays in closing.**

If you need anything further or have any questions, please do not hesitate to contact me.

Sincerely yours,  
LORENE SEELER YOUNG, P.A.

By:   
Emily Cruz, Legal Assistant

Enclosures  
Cover letter  
Statement of Authority  
Check #5252  
FedEx air bill

9124 Griffin Road, Cooper City, Florida 33328

Phone: (954) 585-3967

Facsimile: (954) 585-3987

Email: [Emily@Lsy-Law.com](mailto:Emily@Lsy-Law.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REDCOW, 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:

LORENE SEELER YOUNG, ESQUIRE

Name of Person

LORENE SEELER YOUNG PA

Firm/Company

9124 GRIFFIN ROAD

Address

COOPER CITY FL 33328

City/State and Zip Code

piaoffers@piagroupusa.com

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

For further information concerning this matter, please call:

LORENE SEELER YOUNG

Name of Person

at ( 954 ) 585-3967

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: REDCOW, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L14000048280

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

20815 NE 16 AVENUE  
SUITE B-15  
MIAMI FL 33179

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

20815 NE 16 AVENUE  
SUITE B-15  
MIAMI FL 33179

**FILED**  
2017 MAY -1 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: JIMMY LEVY, Manager

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: JIMMY LEVY, Manager

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

RESIDENTIAL INVESTMENT COMPANY OF AMERICA, MEMBER

BY: [Signature]  
Signature of authorized representative  
JIMMY LEVY, MANAGER

JIMMY LEVY  
Typed or printed name of signature

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

BY: \_\_\_\_\_  
CR2E138 (2/14) JIMMY LEVY, Individually, MEMBER