<u>L50003804</u>

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. W. ..

COVER LETTER

Division of Corporations		
19 Street Plaza, LLC.		
SUBJECT: Name of Lin	mited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Michael R. Rhett		
Name of Person		
19 Street Plaza, LLC.		
Firm/Company	ा है। जिल्ला	
3500 N. State Road 7, Suite 300-10	AG 7	
Address		
Lauderdale Lakes, FL 33319		
City/State and Zip Code	ं ं	
	₩ 2 8	
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, pleas	se call:	
Michael R. Rhett	at ()	
Name of Person	at () Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

STATEMENT OF AUTHORITY

authority:	5.0302(1), Florida Statutes, this limited		ving statement of
FIRST: The name of	the limited liability company is: 19 Si	treet Plaza, LLC.	
SECOND: The Florid	da Document Number of the limited liab	oility company is: L1500002801	2
THIRD: The street a	ddress of the limited liability company's state Road 7		_
Suite 300	-10		
Lauderda	le Lakes, FL 33319		5
	g address of the limited liability company		AUG 19
Suite 300	-10	The state of the s	
Lauderda	le Lakes, FL 33319		- <u>San Q</u>
·	cute an instrument transferring real prop Granted to: MICHAEL R. RHETT	-	y. -
b.	No authority granted to:		- -
	er into other transactions on behalf of, o Granted to: MICHAEL R. RHET		oany. -
b.	No authority granted to:		- - -
MZ		MICHAEL R. RHET	
Signature of authorize	Filing Fee:	Typed or printed name o \$25.00 \$30.00 (optional)	t signature