L16 000096534

(Re	equestor's Name)				
(Ac	idress)				
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700287092477

06/24/16--01016--006 **25.00

FILED
2018 2019 20 P 2: UN
SCORETARY OF STATE

S Warren JUN 2 7 2016

COVER LETTER

TO:	Registration Section Division of Corporations	•	•					
GABLES EDGE INVESTMENTS, LLC								
Name of Limited Liability Company								
Dear Si	r or Madam:							
The enc	losed Statement of Authority and fee(s) are st	ubmitted for filing.						
Please r	eturn all correspondence concerning this matt	ter to the following:						
Richa	rd L. Barbara, Esq.							
	Name of Person							
Alvare	ez Barbara, LLP							
-	Firm/Company		,					
1750	Coral Way, Second Floor							
,,	Address							
Miami	i, Florida 33145							
	City/State and Zip Code							
rbarba	ara@alvarezbarbara.com							
	E-mail address: (to be used for future annua	l report notification)					
For furt	her information concerning this matter, please	e call;						
Richa	rd L. Barbara	305	263-7700					
	Name of Person	Area Code	Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314					

STATEMENT OF AUTHORITY

authority: •	05.0302(1), Florida Statutes, f the limited liability compan	·	•	_	
FIRST: The name or Florida limited li	of the limited liability compan ability company	y is:			-, -
SECOND: The Flor	ida Document Number of the	limited liability con	npany is:	96534	
THIRD: The street	address of the limited liability				
Weston,	FL 33331				
	ng address of the limited liabi	lity company's princ	ripal office is:		
Weston,	FL 33331				
position of a person i person on the followi	ecute an instrument transferri Granted to:	ember, transferee, m ing real property held sarbara and/or	anager, officer or oth	nerwise or to	a specific
b.	No authority granted to: No			ARY OF STATE	FILED
2. May er a.	Granted to: Ruben Rodriguez Co	Barbara and/or	-	e company.	-
b.	No authority granted to:	/A			
A)	5		Alexander Gue	errero	
Signature of authoriz	Filin	g Fee: \$25.00 ified Copy: \$30.00	Typed or printed (optional)	name of sign	ature