L19000237964

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H21000388772

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALCONCREST LIMITED 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:

RONALD GOLDBERG
Name of Person

FALCONCREST LIMITED LLC
Firm/Company

8317 LAUREL LAKE WAY
Address

NAPLES, FL 34119
City/State and Zip Code

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

For further information concerning this matter, please call:

RONALD GOLDBERG at (646) 465-6300
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E138 (2/14)

H21000388772

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: FALCONCREST LIMITED LLC

SECOND: The Florida Document Number of the limited liability company is: L19000237964

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

8317 LAUREL LAKE WAY
NAPLES, FL 34119

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

8317 LAUREL LAKE WAY
NAPLES, FL 34119

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: _____
   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: ALLAN MIGDALL
   b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

Signature of authorized representative

Ronald Goldberg
Typed or printed name of signature

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

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