

L19000257799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

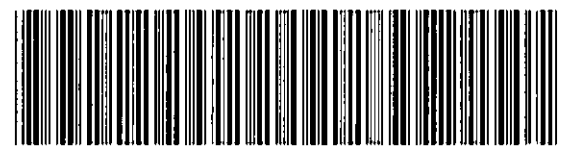
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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DEPARTMENT OF REVENUE

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DEPARTMENT OF REVENUE

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 12/23 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** STATEMENT OF AUTHORITY

1. 1224 E. MURIEL LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF AUTHORITY FOR LIMITED LIABILITY COMPANY**

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: 1224 E. MURIEL LLC

**SECOND:** The Florida Document Number of the limited liability company is: ~~L1900025799~~ L19000257799

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

1224 E. Muriel St.  
Winter Park, FL 32789


The mailing address of the limited liability company's principal office is:  
11752 Trinity Spring Ct.  
Cupertino, CA 95014

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**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 any instrument associated with managing construction or improvements associated with the real property held in the name of the company (Notices of Commencement, construction documents, all permitting related functions)

Granted to: **Jocelyn Gombos**

  
\_\_\_\_\_  
Signature of authorized representative

Elaine Chan, Manager  
\_\_\_\_\_  
Typed or printed name of signature

  
\_\_\_\_\_  
Signature of authorized representative

Steve Chan, Manager  
\_\_\_\_\_  
Typed or printed name of signature

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