L1100000525\$

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TO: Registration Section Division of Corporations	· f	
Division of Corporations		
1017 LLC SUBJECT:		
Name of Lin	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following	:
losoph P. Buon III		
Joseph B. Ryan, III		
Name of Person		
Joseph B. Ryan, III, PA		
Firm/Company		
8925 SW 148 Street, Suite 200		
Address		
Miami, Florida 33176		
City/State and Zip Code		
jbryanlaw@gmail.com		
E-mail address: (to be used for future annu-	al report notification	1)
For further information concerning this matter, pleas	e call:	
Joseph B. Ryan, III	305 at (498-9675
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle		see, Florida 32314
Tallahassee, Florida 32301		,

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limite authority:	•
FIRST: The name of the limited liability company is: 101	7 LLC
SECOND: The Florida Document Number of the limited li	ability company is: L11000009258
THIRD: The street address of the limited liability company 170 SE 14 Street, Suite 1002	's principal office is:
Miami, Florida 33131	
The mailing address of the limited liability compa	any's principal office is:
Miami, Florida 33131	
FOURTH: This statement of authority grants or sets limita position of a person in a company, whether as a member, traperson on the following: 1. May execute an instrument transferring real properties as a Granted to: SAMIR JAIEB and A	ansferee, manager, officer or otherwise or to a specific roperty held in the name of the company.
- No authority is granted to E	DETOM A DIA C
b. No authority granted to:	SETST ARIAS - STAR
2. May enter into other transactions on behalf of a. Granted to: SAMIR JAIEB, JOBETSY ARIAS	
b. No authority granted to:	
	Yohan Jaieb
Signature of authorized representative Filing Fee: Certified Cop	Typed or printed name of signature \$25.00 (optional)

CR2E138 (2/14)