

U2DD132419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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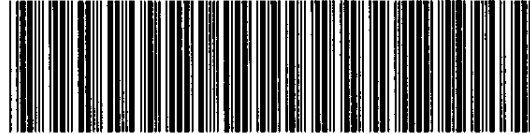
(Business Entity Name)

(Document Number)

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AUG 07 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NYAH Key West 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:

Jesper Arnoldsson

Name of Person

NYAH Key West LLC

Firm/Company

307 NE 1st Street

Address

Miami, FL 33132

City/State and Zip Code

admin@standardms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesper Arnoldsson

at (786)

301-1166

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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: NYAH Key West LLC

SECOND: The Florida Document Number of the limited liability company is: L12000132419

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

420 Margaret Street

Key West, FL 33040

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

307 NE 1st Street

Miami, FL 33132

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: Jesper Arnoldsson

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: Jesper Arnoldsson

b. No authority granted to: _____



Signature of authorized representative

Jesper Arnoldsson

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)