

L190000 45285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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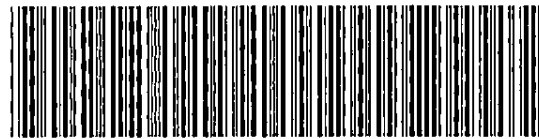
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED STATEMENT OF AUTHORITY FOR:

114 2ND DILIDO LLC

PLEASE RETURN A STAMPED COPY

CK# 8174 FOR \$25.00

THANK YOU!

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: 114 2ND DILIDO LLC

SECOND: The Florida Document Number of the limited liability company is: L19000045285

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

114 2ND DILIDO TERRACE

MIAMI BEACH, FL 33139

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

1521 Alton Road

STE 536

Miami Beach, FL 33139

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: David Brown, Manager

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: David Brown, Manager

b. No authority granted to: _____

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TALLAHASSEE, FLORIDA

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Mona Nasser
Signature of authorized representative

Mona G Abdel Nasser, Member
Typed or printed name of signature

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