

L000000 02457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

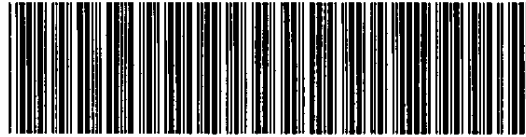
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2015

**HENRY A. LOPEZ-AGUIAR, P.A.**

9415 Sunset Drive, Suite 119

Miami, Florida 33173

[dreboso@hl-law.com](mailto:dreboso@hl-law.com)

PH: (305) 598-2208

FAX: (305) 598-0836

April 21, 2015

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee Florida 32301

Re: 3200 North Miami Avenue LLC  
Filing: Statement of Authority

Dear Sir/Madam;

Enclosed you will find our check No. 1036 in the sum of \$25.00, representing the filing fees for the attached Statement of Authority.

Please contact us if you have any questions.

Kindest Regards,

Daniela Reboso  
Paralegal  
Henry A. Lopez-Aguiar, P.A.

Encl.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3200 NORTH MIAMI AVENUE, 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:

**GABRIELLA GALUSTYANTS**

\_\_\_\_\_  
Name of Person

**3200 NORTH MIAMI AVENUE, LLC**

\_\_\_\_\_  
Firm/Company

**1835 E. HALLANDALE BEACH BLVD #339**

\_\_\_\_\_  
Address

**HALLANDALE BEACH, FLORIDA 33009**

\_\_\_\_\_  
City/State and Zip Code

**EMAIL OF RECORD**

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

For further information concerning this matter, please call:

**GABRIELLA GALUSTYANTS**

\_\_\_\_\_  
Name of Person

**954**

\_\_\_\_\_  
Area Code

**675-9190**

\_\_\_\_\_  
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

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: 3200 NORTH MIAMI AVENUE LLC

SECOND: The Florida Document Number of the limited liability company is: L00000002453

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

1835 East Hallandale Beach Blvd. No. 339  
Hallandale Beach, Florida 33009

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

1835 East Hallandale Beach Blvd. No. 339  
Hallandale Beach, Florida 33009

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. The following person may execute an instrument transferring real property held in the name of the company.

a. Granted to: RALPH KOBLANCE and GABRIELLA GALUSTYANTS acting jointly.

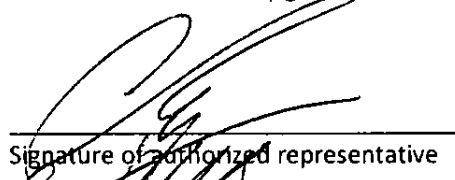
b. No authority granted to: JONATHAN GALUSTYANTS

2. The following persons may enter into other transactions on behalf of, or otherwise act for or bind, the company.

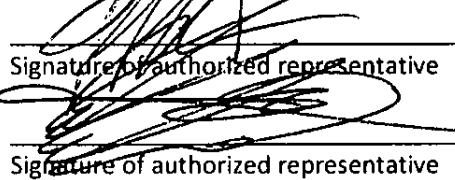
a. Granted to: RALPH KOBLANCE and GABRIELLA GALUSTYANTS acting jointly.

b. No authority granted to: JONATHAN GALUSTYANTS

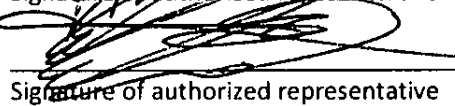
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TALLAHASSEE, FLORIDA  
15 APR 28 AM 8:06  
FILED

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

GABRIELLA GALUSTYANTS  
Typed or printed name of signature

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

RALPH KOBLANCE  
Typed or printed name of signature

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

JONATHAN GALUSTYANTS  
Typed or printed name of signature