10300039775

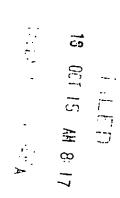
(Reque	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Досиг	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100319202581

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COVER LETTER . .

imited Liability Comp	pany
submitted for filing.	
atter to the following:	
_	
ual report notification)
ase call:	
786	777-0205
Area Code	Daytime Telephone Number
MAILING ADDRESS: Registration Section	
Division of Corporations	
P.O. Box 6327 Talfahassee, Florida 32314	
	ual report notification ase call: 786 at () Area Code MAILING Registration Division of P.O. Box

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limit authority:	ed liability company submits the following statement of College Park II, LLC
FIRST: The name of the limited liability company is:	
SECOND: The Florida Document Number of the limited	L03000039775
THIRD: The street address of the limited liability compan 420 LINCOLN RD	
STE 330	
Miami Beach, FL 33139	
The mailing address of the limited liability comp	_
STE 330	
Miami Beach, FL 33139	
May execute an instrument transferring real p Paul L. Cejas a. Granted to:	property held in the name of the company.
b. No authority granted to:	er person not listed above
2. May enter into other transactions on behalf o Paul L. Cejas, Ge a. Granted to: Glen R. Boyer	f, or otherwise act for or bind, the company, ertie C. Cejas, and
b. No authority granted to:	r person not listed above
John John	Robert W. Pittman, Esq.
Signature of authorized representative Filing Fee: Certified Cop	Typed or printed name of signature \$25.00 by: \$30.00 (optional)

CR2E138 (2/14)