

L04000039526

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000291416 3)))



H150002914163ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6303
From: Account Name : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A.
Account Number : 076103002011
Phone : (305) 577-4177
Fax Number : (305) 533-1587

2015 DEC 11 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAVOY HOTEL PARTNERS, L.L.C.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

RECEIVED
15 DEC 11 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 14 2015

FAX AUDIT NO.: H15000291416 3

FILED
2015 DEC 11 PM 12:42
SECRETARY OF STATE
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: Savoy Hotel Partners, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L04000039526

THIRD: The street address of the limited liability company's principal office is:
425 Ocean Drive
Miami Beach, Florida 33139

The mailing address of the limited liability company's principal office is:
770 Lexington Avenue, 17th Floor
New York, New York 10065

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: n/a

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: Renee Regensberg

b. No authority granted to: _____

Signature of authorized representative

By: Allied Savoy LLC, Manager

By: Eric Hadar, Manager

Typed or printed name of signature

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

CR2E138 (2/14)

FAX AUDIT NO.: H15000291416 3