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(Requestor's Name)			
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(A.J.J)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

	Ruben Artiles, LLC
SUBJECT:	
	Name of Limited Liability Company
Dear Sir or	Madam:
The enclose	ed Statement of Authority and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
Harry A. Pa	nyton, Esq.
	Name of Person
Payton & A	Associates, LLC
	Firm/Company
2 S. Biscay	ne Blvd., Suite 2300
	Address
Miami, FL	33131
	City/State and Zip Code
payton@pa	yton-law.com
E-	mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Harry A. Pa	at ()
<u></u>	Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority:	
FIRST: The name of the limited liability company is:	n Arties, LLC
SECOND: The Florida Document Number of the limited lia	bility company is:
THIRD: The street address of the limited liability company 253 Burgundy Dr.	•
Tavernier, FL 33070	2020 OCT
The mailing address of the limited liability compa	
253 Burgundy Dr.	
Tavernier, FL 33070	
position of a person in a company, whether as a member, transperson on the following: 1. May execute an instrument transferring real pro a. Granted to: Ruben Artiles, Jr.	operty held in the name of the company.
b. No authority granted to: Martha B. Art	tiles
2. May enter into other transactions on behalf of, a. Granted to: Ruben Artiles, Jr.	or otherwise act for or bind, the company.
b. No authority granted to: Martha B. Art	tiles
Harry Arayton	Harry A. Payton
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed name of signature \$25.00 (optional)

CR2E138 (2/14)