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COVER LETTER

Registration Section

TO:

Division of Corporations						
SUBJECT: 396 ALHAMBRA, LLC						
	nited Liability Comp	any				
Dear Sir or Madam:						
The enclosed Statement of Authority and fee(s) are s	ubmitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Chad Freedman, Esq.						
Name of Person						
Ballaga & Freedman, LL						
Firm/Company						
396 Alhambra Circle, Suite 204						
Address						
Coral Gables, Florida 3313	4					
City/State and Zip Code						
Chad@BallagaFreedman.c	om					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, pleas	e call:					
Chad Freedman	305	747-7550				
Name of Person	Area Code	Daytime Telephone Number				
		G ADDRESS:				
		on Section of Corporations				
Clifton Building P.O. Bo						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahasse	ee, Florida 32314				

STATEMENT OF AUTHORITY

authority		ing state	ment o	ľ
FIRST:	The name of the limited liability company is: 396 Alhambra, LLC			_
SECON	D: The Florida Document Number of the limited liability company is: L0500008173	7		_
	The street address of the limited liability company's principal office is: 2601 South Bayshore Drive, Suite 250			
	Miami, Florida 33133			
	The mailing address of the limited liability company's principal office is: 2601 South Bayshore Drive, Suite 250			
	Miami, Florida 33133			
position	 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: May execute an instrument transferring real property held in the name of the company. a. Granted to: None 	or to a s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b. No authority granted to: Not Applicable	OK.	7	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Carlos Beckmann	any.		
	b. No authority granted to: Not Applicable			
/2	Jose Antonio Perez			
Signatur	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	f signatu	re	