

LOS 000085650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

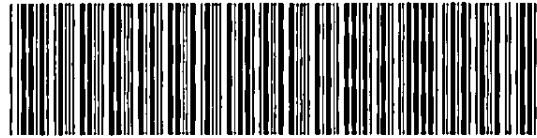
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 MAY 25 AM 10:52

CLERK OF SUPERIOR COURT

DD

2023 MAY 25 PM 3:52

CLERK OF SUPERIOR COURT

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: ~~\$30.00~~ \$55.00

Authorization Signature:  :

**ACORN PROPERTY PARTNERS, LLC**      **L05000085650**

BUSINESS NAME \_\_\_\_\_ DOCUMENT # \_\_\_\_\_

**X** **Certified Copy**

     Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP
- LLLP

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended and restated Articles
- X** **Statement of Authority**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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2023 MAY 25 4:10:52

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACORN PROPERTY PARTNERS, 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:

STEWART A. MERKIN, ESQ.

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

LAW OFFICE OF STEWART A. MERKIN, P.A.

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

4450 LAKE ROAD

\_\_\_\_\_  
Address

MIAMI, FL 33137

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

merkmi@aol.com

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

For further information concerning this matter, please call:

Elia Hussey, Paralegal

at ( 305 )

458-9283

\_\_\_\_\_  
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

2023 MAY 25 AM 10:53

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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: ACORN PROPERTY PARTNERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000085650

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

4450 LAKE ROAD

MIAMI, FL 33137

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

4450 LAKE ROAD

MIAMI, FL 33137

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.

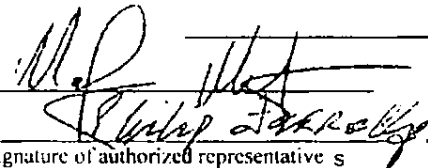
a. Granted to: STEWART A. MERKIN

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: STEWART A. MERKIN

b. No authority granted to: N/A

X   
Signature of authorized representative s

MALACHY MITCHELL

PHILIP FARRELLY

Typed or printed name of signature

Filing Fee: \$25.00

X Certified Copy: \$30.00 (optional)

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\_\_\_\_\_  
Address

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City/State and Zip Code

merkmi@aol.com

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

For further information concerning this matter, please call:

Elia Hussey, Paralegal

305

458-9283

at (\_\_\_\_\_) \_\_\_\_\_

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X [Signature]  
X [Signature]  
Signature of authorized representative s

MALACHY MITCHELL

PHILIP FARRELLY

Typed or printed name of signature

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