15000095133

(Red	questor's Name)		
(Add	dress)		
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AUG 0 3 2017 J SHIVERS

	COV	ER LETTER	
	sistration Section ision of Corporations		
SUBJECT:	Prince Albert, LLC	!	
5020011	Name of Limi	ited Liability Com	pany
Dear Sir or M	Aadam:		
The enclosed	Statement of Authority and fee(s) are su	bmitted for filing.	
Please return	all correspondence concerning this matte	er to the following:	
	14		
Jeffrey L.	•		
	Name of Person	i	
	Firm/Company		
6600 NW	74th Avenue		
	Address		
Miami, FI	orida 33166		
	City/State and Zip Code		
jkluger@a	agiftcorp.com		
Е-п	nail address: (to be used for future annual	report notification	1)
For further in	nformation concerning this matter, please	call:	
Eliot W. F	Rifkin, Esq.	305	670-9330
	Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabasses, Florida 32301 Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTIORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company authority:	submits the following statement of
FIRST: The name of the limited liability company is:	
Prince Albert, LLC	
SECOND: The Florida Document Number of the limited fiability company is:	_05000095133
THIRD: The street address of the limited liability company's principal office is 6600 NW 74th Ave	
Miami, Florida 33166	
The mailing address of the limited liability company's principal office 6600 NW 74th Ave	: is:
Miami, Florida 33166	
FOURTH: This statement of authority grants or sets limitations of authority on position of a person in a company, whether as a member, transferce, manager, of person on the following: 1. May execute an instrument transferring real property held in the na a. Granted to: Jeffrey L. Kluger or Gary A. Kluger Jennifer M. Kluger b. No authority granted to:	incer or otherwise or to a specific 106 - 1 All 7: 350
May enter into other transactions on behalf of, or otherwise act for a. Granted to: Jeffrey L. Kluger or Gary A. Kluge	or bind, the company.
b. No authority granted to:	
	/ L. Kluger
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	or printed name of signature

CR2E138 (2/14)