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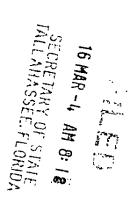
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COVER LETTER

	Registration Section Division of Corporations	ч.			
SUBJEC	Meridian Trust LLC				
SOBJEC		mited Liability Com	pany		
Dear Sir	or Madam:				
The enclo	osed Statement of Authority and fee(s) are	submitted for filing.			
Please ret	rurn all correspondence concerning this ma	tter to the following:	:		
Carlos	Saez				
	Name of Person				
Meridia	an Trust LLC				
	Firm/Company				
800 Sil	ks Run, Suite 2330				
	Address				
Halland	dale, FL 33009				
	City/State and Zip Code				
csaez(meridiantrustinvestments.com				
	E-mail address: (to be used for future annu	ial report notification	2)		
For furthe	er information concerning this matter, plea	se call:			
Carlos	Saez	954	495-4631		
	Name of Person	Area Code	Daytime Telephone Number		
	STREET/COURIER ADDRESS:		G ADDRESS:		
	Registration Section Division of Corporations	Registration Section			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		see, Florida 32314		

STATEMENT OF AUTHORITY

authority	<i>י</i> :		da Statutes, this limit	•	• •	following stat	ement of
FIRST:	The name	of the limited liabil	lity company is: Me	eridian Trus	t LLC		
SECON	D: The Flo	orida Document Nu	umber of the limited	liability compa	ny is:	2905	
	The stree		ited liability compar				
	Halland	ale, FL 33009					
		ing address of the last Run, Suite 2	limited liability com	pany's principa	l office is:		
	Halland	ale, FL 33009					
position	of a person n the follov	in a company, when wing: execute an instrument of the control of	y grants or sets limit ether as a member, to ent transferring real p /er Seidler; Car	ransferee, mana property held in	ager, officer or othe	erwise or to a	specific 16
	•		s; and Jason M	lcTague		RY OF	
	b	No authority gra	anted to:			STATE FLORIDA	00 1
	2. May	Granted to:	nsactions on behalf o liver Seidler; Ca is; and Jason M	arlos Saez;	act for or bind, the Robert Seidler	company.	
	b	No authority gra	anted to:				
/.	,			C	Dliver Seidler		
Signatur	e of author	ized representative	Filing Fee:	\$25.00 py: \$30.00 (op	Typed or printed national)	ame of signat	ure

CR2E138 (2/14)