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## COVER LETTER

	gistration Section vision of Corporations		
OLD IPATE.	3200 Ocean 203, LLC		
SUBJECT:		ited Liability Comp	pany
Dear Sir or	Madam:		
The enclose	d Statement of Authority and fee(s) are su	bmitted for filing.	
Please retur	n all correspondence concerning this matt	er to the following:	
Matthew	T. Vanden Bosch		
<del></del>	Name of Person		
Attorney	at Law		
	Firm/Company		
1080 So	uth Federal Highway		
	Address		
Boynton	Beach, FL 33435		
	City/State and Zip Code		
E-	mail address: (to be used for future annua	report notification	1)
For further	information concerning this matter, please	call:	
Matthew	T. Vanden Bosch	561	827-2251
	Name of Person	Area Code	Daytime Telephone Number
	REET/COURIER ADDRESS:	MAILING ADDRESS:	
	gistration Section	Registration Section	
	vision of Corporations ifton Building	Division of Corporations P.O. Box 6327	
	61 Executive Center Circle		see, Florida 32314
	llahassee, Florida 32301		

## STATEMENT OF AUTHORITY

authority	to section 605.0302(1), Florida Statutes, this limited liability company submits the following:  The name of the limited liability company is:	ng stutement of	
	The hand of the hinned hadding company in		
SECON	D: The Florida Document Number of the limited liability company is: L06000111020	<del></del>	
	The street address of the limited liability company's principal office is: 1111 Brickell Avenue		
	Suite 2200		
	Miami, FL 33131		
	The mailing address of the limited liability company's principal office is: 1111 Brickell Avenue		
	Suite 2200		
	Miami, FL 33131		
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 on the following:  1. May execute an instrument transferring real property held in the name of the company Peter M, Zercadooles, whose authority is limited to signing all documents, including deed.	or to a specific	
	a. Granted to:		
	b. No authority granted to:	2018 JUL -2 SECRETANI TALLAHASSE	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa	my. AS	
	a. Granted to:	-2 AM SEF.FI	
	b. No unthority granted to:	7: 52 LATE DRIDA	<u></u>
Signatur	Paul Zarcadoolas, M Typed or printed name of Filing Fee: \$25.00	•	

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)