b2-L070000 41571 (Requestor's Name) (Address) 700283918897 (Address) (City/State/Zip/Phone #) 03/29/16--01022--005 **25.00 PICK-UP WAIT MAIL (Business Entity Name) 16 MAR 29 PM 1:27 REIMAY OF STAT (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer: Office Use Only

HAR 3 1 2016 J. HARRIS :

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

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:

Michele Diglio-Benkiran, Esquire

Name of Person

NeJame Law, P.A.

Firm/Company

189 South Orange Avenue, Ste. 1800

Address

Orlando, Florida 32801

City/State and Zip Code

michele@nejamelaw.com

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

For further information concerning this matter, please call:

| Michele Diglio-Benkiran | 407 | 500-0000 |
|-------------------------|-----------|--------------------------|
| | _ at () | |
| Name of Person | Area Code | Daytime Telephone Number |

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

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March 23, 2016

Division of Corporations Attn: Registration Sections Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: "888, LLC"

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To Whom It May Concern,

In connection with the above referenced, attached hereto please find the following:

1- Check #2093 for the amount of \$25.00 payable to Department of State representing the filling fees; &

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- 2- Cover Letter; &
- 3- Statement of Authority.

Please process it accordingly and contact us with any questions or concern.

Respectfully,

NeJame Law, P.A.

Michele Diglio-Benkiran, Esquire

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son.

Enclosures

Suite 1800 Orlando, FL 32801 407.500.0000

www.nejamelaw.com

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NeJame Law, P.A.

189 South Orange Avenue

STATEMENT OF AUTHORITY

Pursuant to section 695.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is:

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

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

7512 Dr. Phillips Blvd, Ste. 50-101

Orlando, Florida 32819

The mailing address of the limited liability company's principal office is: 8220 Firenze Blvd.

Orlando, Florida 32836

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.

| а. | Granted to: | | | |
|----------------------|---|-------------------------|----------|---------------------------|
| | | FALL | 16 | |
| b. | No authority granted to: | RETARY OF AHASSEE, F | MAR 29 P | an open and the second |
| 2. May er a. | ter into other transactions on behalf of, or otherwise act for or bind, the compa Granted to : | F STATE FLORIDA | PH 1:27 | 0 |
| b. | No authority granted to: | | | |
| Signature of autoriz | Ed representative Samuel Young Typed or printed name of Filing Fee: \$25.00 | `signature | | |

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)