## L0800056179

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**3 MASON** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		*
CHD IE	Richard and Phoebe Miles	LLC	
SUBJE	ECT:Name of I	Limited Liability Comp	any
Dear Si	ir or Madam:		
The end	closed Statement of Authority and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
Richa	ard Miles		
	Name of Person		
	Firm/Company		
3909	Harrison St. NW		
	Address		
Wash	nington DC 20015		
	City/State and Zip Code		
miles	rg@gmail.com		
	E-mail address: (to be used for future and	nual report notification)	)
For fur	ther information concerning this matter, ple	ease call:	
Richa	ard Miles	<b>202</b> at ( )	615-6896
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Division of P.O. Box 6	f Corporations

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

authority	Richard and Phoebe Miles LLC							
FIRST:	The name of	of the limited liab	bility company is:					
SECON	D: The Flo	rida Document N	Number of the limited	I liability com	L080000	56179	1	
		address of the lir	imited liability compa					
	Gainesv	ille FL 32607						
	The maili 529 NW		e limited liability con	npany's princi	pal office is:			
	Gainesv	ille FL 32607						
position	of a person n the follow	in a company, whing: kecute an instrum Ric	rity grants or sets lim thether as a member, nent transferring real ichard Miles and	property held	inager, officer or oth in the name of the o files	nerwise o	2016 FEB 22	us or pecific
	b.	No authority gr	gr <b>ant</b> ed to:		· · · · · · · · · · · · · · · · · · ·	FLORIDA	A II: 21	O
	2. May e	F	ransactions on behalf Richard Miles ar	nd Phoebe		ne compa	ıny.	
	b.	No authority g	granted to:					
	2-p	mp			Richard Miles			
Signatur	e of authoriz	zed representative	Filing Fee:	\$25.00	Typed or printed	name of	signatu	re

CR2E138 (2/14)