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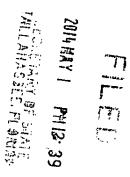
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Dusiness Fath, Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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COVER LETTER

	STREET/COURIER ADDRESS:	MAILIN	G ADDRESS:		
	Name of Person	Area Code	Daytime Teleph	ione Number	
		at (Daytime Teleph	N 1	
	ES FRATANGELO	305	895-0891		
For fur	ther information concerning this matter, pl	lease call:			
	E-mail address: (to be used for future ar	nnual report notification	1)		
				100 pm 1	9
	City/State and Zip Code				<u>환</u> 교
MIAN	MI BEACH, FL 33139				72
	Address			300	~
1900	SUNSET HARBOUR DRIVE 21	ND FL ANNEX		<u>-</u>	H IX
	Firm/Company			$\sum_{i=1}^{n}$	20
	Fi (0				
	Name of Person				
	Name of Person				
JAM	ES FRATANGELO				
Please	return all correspondence concerning this	matter to the following	:		
The en	closed Statement of Authority and fee(s) a	re submitted for filing.			
Dear S	ir or Madam:			•	
	Name of	Limited Liability Com	pany		
SUBJE					_
	•				
10:	Registration Section Division of Corporations				

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Florida 32301

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

STATEMENT OF AUTHORITY

authority:		ASSETS I	RECOVERY 23, LL	_C			
FIRST: The name	e of the limited liability co.	mpany is:	,				
	L08000060824						
SECOND: The Fi	lorida Document Number	of the limited liability co	ompany is:	·			
	et address of the limited liz SUNSET HARBOUR						
MIAMI	BEACH, FL 33139			<u> </u>			
	iling address of the limited			2014 MAY			
MIAMI				HASSES SEE			
	tatement of authority gran		uthority on all persons ha	aving the status or	FYI		
	execute an instrument tran JAMES Granted to: DANIEL COOSE	FRATANGELO		•			
b	o. No authority granted to	JOHN OLSEN C	OR JOHN R OLSEN	N			
2. May a	~ .	S FRATANGELO	wise act for or bind, the c	company.			
b	o. No authority granted to		OR JOHN R OLSEN	<u></u>			
FIFTH: This documents g	document is to be effect gran ting authority to ANY	ctive as of January 1, 2 Cindividual(s) are here	2014, all other agreeme by revoked.	ents, powers of atte	orney o		
J. Suta			JAMES FRATAN	IGELO, MGR			
Signature of author		Filing Fee: \$25.00 Certified Copy: \$30.00		me of signature			

CR2E138 (2/14)