

From: Baldy Martinez
2/10/2018

Fax: (305) 616-1371

To: +13506176383

Fax: +13506176383

Page 5 of 5 02/10/2018 10:46 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000034644 3)))



H160000346443ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUGMAD 9700 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2016 FEB 10 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 11

Electronic Filing Menu

Corporate Filing Menu

Help

H16000034644 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUGMAD 9700 LLC

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:

BALDY MARTINEZ, ESQ.

Name of Person

BALDY MARTINEZ, P.A.

Firm/Company

1999 SW 27TH AVENUE, 1ST FLOOR

Address

MIAMI, FL 33145

City/State and Zip Code

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

For further information concerning this matter, please call:

BALDY MARTINEZ, ESQ.

at (305)

454-5804

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)

H16000034644 3

H11e000034644 3

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: SUGMAD 9700 LLC

SECOND: The Florida Document Number of the limited liability company is: L08000073168

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

9700 MONTEGO BAY DRIVE

CUTLER BAY, FL 33189

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

9700 MONTEGO BAY DRIVE

CUTLER BAY, FL 33189

FILED
2016 FEB 10 AM 10:42
CLERK OF COUNTY OF FLORIDA
TALLAHASSEE, FLORIDA

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.

a. Granted to: ARGE R. RODRIGUEZ

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ARGE R. RODRIGUEZ

b. No authority granted to: _____

Alice Rod
Signature of authorized representative

ALICE ROD

Typed or printed name of signature

Candelaria Rod
Signature of authorized representative
CR2E138 (2/14)

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CANDELARIA ROD
Printed name of signature

H11e000034644 3