L09000096537

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		i				

Office Use Only



000292145580

11/14/16--01023--021 **25.00

16 NOV 1 4 PM -1: 48

NOV 1 6 2015

Y SULKER

COVER LETTER

то:	Registration Section Division of Corporations		
CUDIE	PARK 2384, L.L.C		
SUBJE	— — — — — — — — — — — — — — — — — — —	Limited Liability Comp	oany .
Dear Si	r or Madam:		•
The enc	closed Statement of Authority and fee(s) ar	re submitted for filing.	
Please r	return all correspondence concerning this i	natter to the following:	
RENE	L ARREDONDO		
	Name of Person	<u>. </u>	
PARK	(2384, L.L.C		
	Firm/Company		
11552	2 NW 34 PLACE		
	Address		
SUNF	RISE, FL 33323		
	City/State and Zip Code		
renea	rredondo7@yahoo.com		
	E-mail address: (to be used for future an	nual report notification)
For furt	her information concerning this matter, pl	ease call:	
Rene	L Arredondo	954	394-0868
	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	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	T			ility company submits the follow	ring statement of
FIRST:	The name	of the limited liability (company is: PARK 2	2384, L.L.C	
SECON	D: The Flo	rida Document Numbo	er of the limited liability	y company is: L0900009653	7
	: The street	address of the limited	liabilitý company's pri JNRISE, FL 3332	ncipal office is:	-
		-	ted liability company's 84 DAVIE, FL 333	•	-
position	of a person in the follow	in a company, whether ing: xecute an instrument tr	r as a member, transfer	of authority on all persons having the contact of the company held in the name of the company Daniela Arbelaez	or to a specific
	h.	No authority granted			LAHASSEE. FLORIDA
	2. May e	onter into other transact Granted to : Rene	tions on behalf of, or of E Luis Arredondo	herwise act for or bind, the comp or Daniela Arbelaez	- pany. -
	h.	No authority granted	J to:		-
	,		<u>-</u>	Rene Luis Arredono	
Signatur	e of satu ori	zed representative	Filing Fee: \$2 Certified Copy: \$3	Typed or printed name c 5.00 0.00 (optional)	i signature

CR2E138 (2/14)