

L 1 0 000012163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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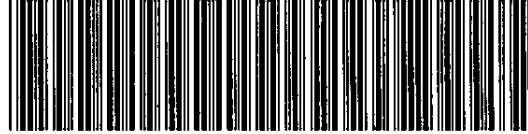
(Business Entity Name)

(Document Number)

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15 MAR 17 PM 12:59  
STATE OF NEW YORK  
DEPARTMENT OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 979 SW 10 ST #1, 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:

Joseph B. Ryan, III

\_\_\_\_\_  
Name of Person

Joseph B. Ryan, III, PA

\_\_\_\_\_  
Firm/Company

8925 SW 148 Street, Suite 200

\_\_\_\_\_  
Address

Miami, Florida 33176

\_\_\_\_\_  
City/State and Zip Code

jbryanlaw@gmail.com

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

For further information concerning this matter, please call:

Joseph B. Ryan, III

at ( 305 )

498-9675

\_\_\_\_\_  
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

**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: 979 SW 10 ST #1, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000012163

**THIRD:** The street address of the limited liability company's principal office is:  
170 SE 14 STREET, SUITE 1002  
MIAMI, FLORIDA 33131

The mailing address of the limited liability company's principal office is:  
170 SE 14 STREET, SUITE 1002  
MIAMI, FLORIDA 33131

**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: SAMIR JAIEB and JOSEPH B. RYAN, III  
- No authority is granted to BETSY ARIAS -

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: SAMIR JAIEB, JOSEPH B. RYAN, III and  
BETSY ARIAS

b. No authority granted to: \_\_\_\_\_

15 MAR 17 PM 12:59

Signature of authorized representative

Samir Jaieb

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)