L10000012456

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400270681764

03/17/15--01023--025 **385.00

15 HAR 17 PH 12: 59

LAW OFFICES OF

JOSEPH B. RYAN III, P.A.

8925 S.W. 148th STREET, SUITE 200 MIAMI, FLORIDA 33176

TELEPHONE (305) 444-4949

E-MAIL: JBRYANLAW@GMAIL.COM

FACSIMILE (305) 256-3004

March 15, 2015

VIA FEDERAL EXPRESS

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

Re:

Statement of Authority

Dear Sir/Madam:

I am pleased to enclosed our check in the amount of \$385.00 representing filing fee and certified copy fee for the Statement of Authority of following companies:

- 1. 781 Fort Laud LLC
- 2. 1017 LLC
- 3. 7928 West Dr. LLC
- 4. 818 Pennsylvania, LLC
- 5. 979 SW 10 ST #1 LLC
- 6. 3657-59 SW23 Terrace LLC
- 7. YS Alliance Development LLC

Please return all certified copies in the enclosed Federal Express envelope I have provided. Should you have any questions regarding any of the enclosures, please feel free to contact our office

Very truly yours

Yilah Rivero, Paralegal for

Joseph B. Ryan III

COVER LETTER

TO: Registration Section Division of Corporations		
781 FORT LAUD LLC		
SUBJECT: Name of L	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter 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 ann	ual report notification	n)
For further information concerning this matter, plea	ase call:	
Joseph B. Ryan, III	305	498-9675
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations t 6327

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liab authority:	• •	ng staten	nent of
FIRST: The name of the limited liability company is: 781 FO	PRT LAUD LLC		<u></u>
SECOND: The Florida Document Number of the limited liabilit	y company is: L10000012456		
THIRD: The street address of the limited liability company's pr 170 SE 14 STREET, SUITE 1002			
MIAMI, FLORIDA 33131			
The mailing address of the limited liability company's 170 SE 14 STREET, SUITE 1002	principal office is:		
MIAMI, FLORIDA 33131			
FOURTH: This statement of authority grants or sets limitations position of a person in a company, whether as a member, transfer person on the following: 1. May execute an instrument transferring real propert a. Granted to: SAMIR JAIEB and JOS	ree, manager, officer or otherwise of the company	or to a sp	ecific
- No authority is granted to BET		.j.	72. 20
b. No authority granted to:			7 PHI2:5
2. May enter into other transactions on behalf of, or of a. Granted to: SAMIR JAIEB, JOSEI BETSY ARIAS		any.	9
b. No authority granted to:			
	Yohan Jaieb		
Signature of authorized representative Filing Fee: S	Typed or printed name of 25.00	î signatu	re

CR2E138 (2/14)