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COVER LETTER

Division of Corporations	
PORCELLI 4565 COMMERCIAL LLC SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Julie G Cohen	
Name of Person	
Strock & Cohen Zipper Law Group PA	
Firm/Company	
2900 Glades Cir Ste 750	
Address	
Weston, FL 33327	
City/State and Zip Code	
jcohen@strocklaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:	:
Julie G Cohenat (954 659-2220
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Floridauthority:	la Statutes, this limited liability company submits the	ne following statement of
FIRST: The name of the limited liabili	ity company is: PORCELLI 4565 COMMERCIAL	LLC
SECOND: The Florida Document Nur	mber of the limited liability company is:	2530
THIRD: The street address of the limit 311 SE 25 AVENUE	ted liability company's principal office is:	
FORT LAUDERDALE, FL 33	3301	
The mailing address of the lir	mited liability company's principal office is:	
FORT LAUDERDALE, FL 33	3301	
FOURTH: This statement of authority position of a person in a company, whether on the following: 1. May execute an instrument	grants or sets limitations of authority on all persons her as a member, transferee, manager, officer or oth transferring real property held in the name of the c	s having the status or the derwise or to a specific company.
b. No authority grant	ted to:	
•	actions on behalf of, or otherwise act for or bind, the	e company.
b. No authority grante	red to:	
	FUNDACIONES By: HECTOR PO	SUNSET HOLDINGS, MGRM RCELLI, its President
ignature of authorized representative	Typed or printed n Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ame of signature