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COVER LETTER

TO: Registration Section Division of Corporations	· .		
818 PENNSYLVANIA, LLC			
SUBJECT: Name of L	imited Liability Comp	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	1)	
For further information concerning this matter, ple	ase call:		
Joseph B. Ryan, III	305	498-9675	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Sta authority:	tutes, this limited liability company submits the following statement of
FIRST: The name of the limited liability co	ompany is: 818 PENNSYLVANIA, LLC
SECOND: The Florida Document Number	of the limited liability company is: L10000057432
THIRD: The street address of the limited li 170 SE 14 STREET, SUIT	iability company's principal office is:
MIAMI, FLORIDA 33131	
The mailing address of the limite 170 SE 14 STREET, SUIT	d liability company's principal office is:
MIAMI, FLORIDA 33131	
l. May execute an instrument tra- a. Granted to: SAMIR	as a member, transferee, manager, officer or otherwise or to a specific insferring real property held in the name of the company. JAIEB and JOSEPH B. RYAN, III granted to BETSY ARIAS -
<u></u> -	10: P
•	ons on behalf of, or otherwise act for or bind, the company.
b. No authority granted	to:
	Yohan Jaieb
Signature of authorized representative	Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)