N10000099821

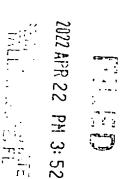
(Re	equestor's Name)			
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COVER LETTER

TO: Registration Section		
Division of Corporations		•
SUBJECT: 1820 SW 3 AVE, LLC		
Name o	f Limited Liability Compar	ny
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:	
Omar Ortega		
Name of Person		
Dorta & Ortega, P.A.		
Firm/Company		
3860 SW 8th Street, Third Floor		
Address		
Coral Gables, Florida 33134		
City/State and Zip Code		
oortega@dortaandortega.com		
E-mail address: (to be used for future a	annual report notification)	
For further information concerning this matter,	please call:	
Omar Ortega	at (305)	461-5454
Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

	company is: 1820 SW 3 AVE, LLC	2022 APR 22
SECOND: The Florida Document Number	er of the limited liability company is: <u>L10000099821</u>	
THIRD: The street address of the limited	liability company's principal office is:	
175 SW 7th Street		_
2416		_
Miami, Florida 33130		_
The mailing address of the limit	ted liability company's principal office is:	
P.O. Box450447		
Miami, Florida 33245-0447		_
position of a person in a company, whether person on the following:	ants or sets limitations of authority on all persons having r as a member, transferee, manager, officer or otherwise ransferring or encumbering real property held in the name	or to a specific
a. Granted to: <u>John C.</u>	Polit, Sole Member	_
b. No authority granted	d to: Jose Luis Yeaza, Manager	-
May enter into other transact	tions on behalf of, or otherwise act for or bind, the comp	oany.
a: Granted-to': John C	Polit, Sole Member; Jose Luis Ycaza, Manager	
b. No authority granted	d to:	_
pul-1	John C. Polit	_
Signature of authorized representative	Filing Fee: \$25.00	of signature
	Certified Copy: \$30.00 (optional)	