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| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone # |) | | |
| ! PICK-UP | WAIT | MAIL | | |
| <u>``.</u> (Bu | siness Entity Name |) | | |
| | | | | |
| OU) | cument Number) | | | |
| Certified Copies | _ Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| | sistration Section ision of Corporations | <u>,</u> , ` | - |
|---------------|--|-----------------------|--------------------------|
| SUBJECT: | 3657-59 SW 23 TERRACE LL | .c | |
| och ci. | Name of Lim | ited Liability Comp | oany |
| Dear Sir or I | Madam: | | |
| The enclosed | 1 Statement of Authority and fee(s) are su | ibmitted for filing. | |
| Please return | all correspondence concerning this matt | er 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, Fl | orida 33176 | | |
| | City/State and Zip Code | | |
| jbryanlav | /@gmail.com | | |
| E-1 | mail address: (to be used for future annua | I report notification | 1) |
| For further i | nformation concerning this matter, please | e call: | |
| Joseph E | 3. Ryan, III | 305 | 498-9675 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Re | REET/COURIER ADDRESS: gistration Section | Registrat | IG ADDRESS: ion Section |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following authority: | ng stateme | ent of |
|---|-------------|--|
| FIRST: The name of the limited liability company is: 3657-59 SW 23 TERRACE LLC | | |
| SECOND: The Florida Document Number of the limited liability company is: L10000106938 | | |
| 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 position of a person in a company, whether as a member, transferee, manager, officer or otherwise of 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 | or to a spe | or cific |
| - No authority is granted to BETSY ARIAS - | | J. J. S. |
| b. No authority granted to: | | * R 17 PM |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: BETSY ARIAS | any. | 112:59 |
| b. No authority granted to: | | |
| Yohan Jajeb | | |
| Signature of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | f signature | ; |

CR2E138 (2/14)