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COVER LETTER

TO: Registration Section **Division of Corporations** AGAVE ACQUISITIONS, LLC SUBJECT: Name of Limited Liability Company 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: Chad Freedman, Esq. Name of Person Ballaga & Freedman, LLP Firm/Company 396 Alhambra Circle, Suite 204 Address Coral Gables, Florida 33146 City/State and Zip Code Chad@BallagaFreedman.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 747-7550 Chad Freedman Daytime Telephone Number Name of Person

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

STATEMENT OF AUTHORITY

authority		ng stater	nent of
FIRST:	The name of the limited liability company is: Agave Acquisitions, LLC		
SECON	D: The Florida Document Number of the limited liability company is:		
	: The street address of the limited liability company's principal office is: 2601 South Bayshore Drive, Suite 250		
	Miami, Florida 33133		
	The mailing address of the limited liability company's principal office is: 2601 South Bayshore Drive, Suite 250		
	Miami, Florida 33133		
position	 This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: May execute an instrument transferring real property held in the name of the company a. Granted to: None 	or to a sp	
	b. No authority granted to: Not Applicable	28 M 25 P	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the compared as a. Granted to:		O
	b. No authority granted to: No Applicable		
Signatur	Jose Antonio Perez e of authorized representative Typed or printed name of		-
Signardi	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	SIBIIAIUI	