

L10000132509

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IHC OCEAN, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H15000194319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHC OCEAN, LLC
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:

Maria Gross

Name of Person

Union Title Services, INC.

Firm/Company

20 Alameda Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

mgross@uniontitleservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gross

Name of Person

at (305)

Area Code

444-4508

Daytime Telephone Number

mgross@uniontitleservices.com

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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: IHC OCEAN, LLC

SECOND: The Florida Document Number of the limited liability company is: L10000132509

THIRD: The street address of the limited liability company's principal office is:

1329 Alton Road
Miami Beach, Florida 33139

The mailing address of the limited liability company's principal office is:

1329 Alton Road
Miami Beach, Florida 33139

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

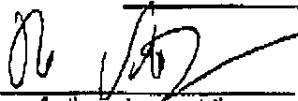
a. Granted to: Paolo Scattarreggia

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Paolo Scattarreggia

b. No authority granted to: _____


Signature of authorized representative

Paolo Scattarreggia
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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