

L11 000024946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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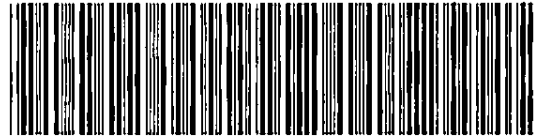
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**DATE: 8/23/2022**

**NAME: ALTICE 114 LLC**

**TYPE OF FILING: STATEMENT OF AUTHORITY**

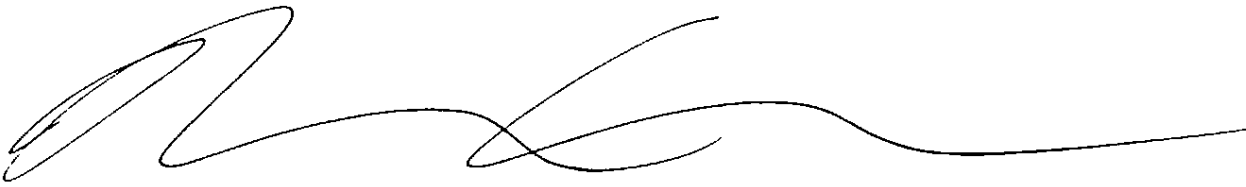
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altice 114, LLC, a Florida Limited Liability Company  
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:

Jonathan Leder, Esq

Name of Person

Miami Dade Title, LLC

Firm/Company

1717 N. Bayshore Drive, Suite 215

Address

Miami, FL 33132

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Leder, Esq

at (305)

514-0622

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

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: Altice 114, LLC

SECOND: The Florida Document Number of the limited liability company is: L11000024946

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

6000 Collins Ave, #112

Miami Beach, FL 33140

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

6000 Collins Ave, #112

Miami Beach, FL 33140

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Linda Quesnel

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: \_\_\_\_\_

b. No authority granted to: \_\_\_\_\_

[Signature]  
Signature of authorized representative

Jean Goudin  
Typed or printed name of signature

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