## 11000050231

| (Re                                     | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | ldress)           |             |  |  |
| (Ac                                     | ldress)           |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
|   | •                 |             |  |  |
| (Do                                     | cument Number)    | )           |  |  |
| Certified Copies                        | _ Certificate:    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



300257771753

03/24/14--01009--018 \*\*25.00

2014 MAR 24 PM 12: 44

MAR 27 2014 D. BRITCE

## MOODY, JONES, INGINO & MOREHEAD, P.A.

Attorneys at Law
Bank of America Building
1333 S. University Drive, Suite 201
Plantation, Florida 33324
Telephone (954) 473-6605
Telefax (954) 473-6855
www.moodyjones.com

STEVE E. MOODY\*
KENNETH M. JONES
MICHAEL J. INGINO\*\*
CHARLES A. MOREHEAD, III\*\*\*

RONALD E. SHNIDER - Of Counsel \*\*\*\*
ROBERT M. LEVIN - Of Counsel \*\*\*\*\*

- Certified Circuit Civil and Family Mediator
- \*\* Also Admitted in Texas
- \*\*\* Board Certified Civil Trial Lawyer
- \*\*\*\* Also Admitted in Washington D.C
- \*\*\*\*\* Also Admitted in New York and Connecticut

March 20, 2014

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

RE: Tribeca Marketing Group LLC

Dear Sir or Madam:

Enclosed please find a Statement of Authority for the above referenced limited liability company.

Also enclosed is our check in the amount of \$25.00 representing the filing fee.

Thank you for your cooperation.

Very truly yours,

Cathy **Sonlegel** 

Legal Assistant to Steve E. Moody

Enclosure

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations  |                                      |   |                  |            |
|---------|--|--------------------------------------|---|------------------|------------|
| SUBJI   | TRIBECA MARKETING GROUP  | LLC                                  |   |                  |            |
| 30101   | Name of Limited  | Liability Com                        | pany  | -                |            |
| Dear S  | ir or Madam:   |                                      |   |                  |            |
| The en  | closed Statement of Authority and fee(s) are submi   | itted for filing.                    |   |                  |            |
| Please  | return all correspondence concerning this matter to  | the following                        | :   |                  |            |
| STE     | /E E. MOODY  |                                      |   |                  |            |
|         | Name of Person   |                                      | •   |                  |            |
| MOC     | DY, JONES, INGINO & MOREHEAD,  | P.A.                                 |   |                  |            |
|         | Firm/Company   |                                      | •   |                  |            |
| 1333    | S. UNIVERSITY DRIVE, SUITE 201   |                                      |   |                  |            |
|         | Address  |                                      | •   |                  |            |
| PLAN    | NTATION, FL 33324  |                                      |   |                  |            |
|         | City/State and Zip Code  |                                      |   |                  |            |
| SMO     | ODY@MOODYJONES.COM   |                                      |   |                  |            |
|         | E-mail address: (to be used for future annual rep  | ort notification                     | n)  |                  |            |
| For fur | ther information concerning this matter, please call   | l:                                   |   |                  |            |
| STE     | /E E. MOODY  | 954                                  | 880-2021  |                  |            |
|         | Name of Person   | Area Code                            | Daytime Telephone Number  | 2014             |            |
|         | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301 | Registrati<br>Division (<br>P.O. Box | IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314 | MAR 24 PM 12: 41 | TT punning |

## STATEMENT OF AUTHORITY

| authority |   | -                  |
|-----------|---|--------------------|
| FIRST:    | The name of the limited liability company is: TRIBECA MARKETING GROUP   | LLC                |
| SECON     | D: The Florida Document Number of the limited liability company is: L11000056231  |                    |
|           | : The street address of the limited liability company's principal office is: 2001 HOLLYWOOD BLVD., SUITE 209  |                    |
|           | HOLLYWOOD, FL 33020   |                    |
|           | The mailing address of the limited liability company's principal office is:  SAME   |                    |
| position  | H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferce, manager, officer or otherwise on the following:  1. May execute an instrument transferring real property held in the name of the company  a. Granted to:  ANTHONY ROLON AND WENDY ROLON | or to a specific   |
|           | b. No authority granted to: ANYONE ELSE   | 2014 HAR           |
|           | May enter into other transactions on behalf of, or otherwise act for or bind, the compa     a. Granted to:  ANTHONY ROLON AND WENDY ROLON   | 24<br>SSE:         |
|           | b. No authority granted to: ANYONE ELSE   | PHI2: 44           |
| Signature | e of authorized representative  Filing Fee: \$25.00   | MODDY<br>signature |

Certified Copy: \$30.00 (optional)