

L11000067141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

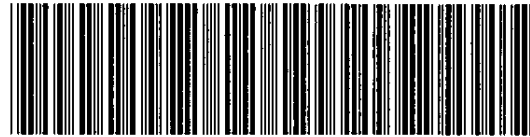
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



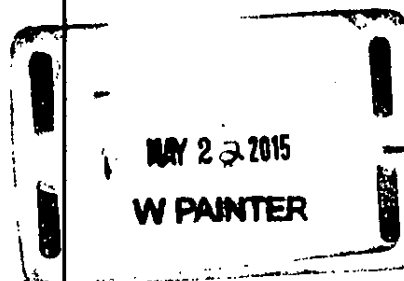
900273034879

05/19/15--01032--003 \*\*55.00

FILED

15 MAY 19 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MAY 22 2015  
W PAINTER

**STEVEN G. VITALE, P.A.**

Old Colorado Plaza  
211 S. Colorado Avenue, Suite 2  
Stuart, FL 34994

ADMITTED:  
Florida Bar

Telephone: (772) 781-1999  
Facsimile: (772) 781-2299

May 15, 2015

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: INNW LLC, a Florida Limited Liability Company

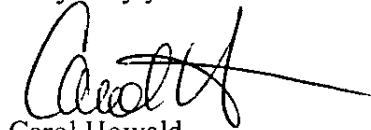
To whom it may concern:

Enclosed you will find a check in the amount of \$55.00 for the Filing and the Statement of Authority and the request for a Certified Copy of the Statement of Authority for INNW, LLC, a Florida limited liability company.

Please mail the Certified Copy of the Statement of Authority to the address noted above at your earliest convenience.

Thank you and please feel free to call me with any questions.

Very truly yours.



Carol Howald  
Office Manager

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INNWO 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:

Steven G. Vitale  
Name of Person

Steven G. Vitale P.A.  
Firm/Company

211 S. Colorado Ave., Suite 2  
Address

Stuart, FL 34994  
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven Vitale at ( 772 ) 781-1999  
Name of Person Area Code Daytime Telephone Number

**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

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: INNWO LLC

SECOND: The Florida Document Number of the limited liability company is: L110000067141

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

11601 Cleveland Rd.  
Miami Beach, FL 33141

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

11601 Cleveland Rd.  
Miami Beach, FL 33141

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.

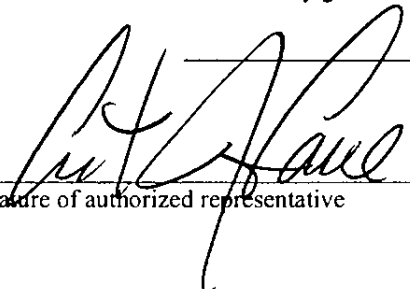
a. Granted to: Arthur J. Lane

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: Arthur J. Lane

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

  
Signature of authorized representative

Arthur J. Lane  
Typed or printed name of signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 19 PM 2:06

FILED