1100081123

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	;#)	
PICK-UP		MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Office Use Only			

300291361053

10/24/16--01033--008 **\$5.00



D. SCOTT OCT 2 7 2016



October 20, 2016

Florida Department of State Registration Section Division of Corporations P.O. BOX 6327 Tallahassee, FL. 32314

Re:Buyer:St. Francis Victorious LLCOwner:Ram Holdings of Homestead LLCProperty:1963 SE 23rd Rd, Homestead, FL 33035File:29000-150

Dear Sir/Madam:

Enclosed please find check no. 23784 in the amount of \$55.00, representing payment pertaining to the filing fee of \$25.00 and \$30.00 fee for the certified copy of the Statement of Authority attached. A self addressed stamped envelope is enclosed to return the certified copy for the above referenced real estate transaction.

If you have any questions, please do not hesitate to contact our office.

Sincerely, Perland Title & Escrow Services Corp.

Post Closing Department

9100 S. Dadeland Boulevard, Suite 514, Miami, Florida 33156 Phone: 305.846.7880 Fax: 305.846.7886 E-fax: 305.846.7881 Email: Judy@PerlandTitle.com

COVER LETTER

TO: Registration Section Division of Corporations

RAM Holdings of Homestead 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:

JENNY PERAZA

Name of Person

PERLAND TITLE & ESCROW SERVICES CORP

Firm/Company

9100 S. Dadeland Blvd., Suite 514

Address

Miami, Florida 33156

City/State and Zip Code

jenny@perlandtitle.com

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

For further information concerning this matter, please call:

JENNY PERAZA

Name of Person

305

846-7880

___at (_____ 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

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CR2E138 (2/14)

STATEMENT OF AUTHORITY

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

SECOND: The Florida Document Number of the limited liability company is: <u>L1100081123</u>

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

409 SE 1st Avenue

Florida City, Fl 33034

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

409 SE 1st Avenue

Florida City, Fl 33034

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: PREMSARAN A. PATEL

b. No authority granted to: _____

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

a. Granted to : _____

b. No authority granted to: _____

Signature of authorized representative

PREMSARAN A. PATEL

Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)