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COVER LETTER

Kennedy Homes LLC		
SUBJECT: Name of L	mited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this m	utter to the following:	
Robert R. Kennedy		
Name of Person		
Kennedy Homes LLC		
Firm/Company		
6400 Congress Ave Suite # 2175		
Address		
Boca Raton, Florida 33487		
City/State and Zip Code	 	
rob@kennedyhomes.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter, ple	ase call:	
Robert E. Pershes, Esq	561 910-8923	
Name of Person	Area Code Daytime T	elephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS	:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority:	of the limited liability company is:		
SECOND: The Fl	orida Document Number of the limited liability compan	y is:	
	t address of the limited liability company's principal of ongress Ave Suite # 2175, Boca Raton, Flo		
	ling address of the limited liability company's principal ongress Ave Suite # 2175, Boca Raton, Flo		
FOURTH: This s	atement of authority grants or sets limitations of authority in a company, whether as a member, transferee, manag	ity on all persons having the status or ger, officer or otherwise or to a specific	c
person on the follo		the name of the company	
!. May	execute an instrument transferring real property held in the Control of the Robert R. Kennedy or Brian Kontrol of the Control of the Robert R. Kennedy or Brian Kontrol of the Robert R. Kennedy or Brian R. Kennedy or R. Kennedy	ennedy	
ŧ	No authority granted to: No Buthority granted to: Michael E. Ehrlich	or	40 FAY 1
2. May	enter into other transactions on behalf of, or otherwise a	net for or bind, the company.	TO FORATIONS
ŧ	No authority granted to: Michael E. Ehrlich		SH.
MA		obert R. Kennedy	
Signature/of autho	rized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (apt	Typed or printed name of signature ional)	