

L1200006 5883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

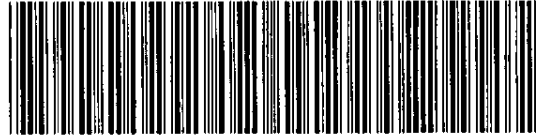
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
16 MAR 11 PM 3:46
NOTARY PUBLIC
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
16 MAR 11 AM 8:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

MAR 14 2016

J SHIVERS

CT

March 11, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9902029 SO
Customer Reference 1: FL filing
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

1248 Coral Way, LLC (FL)
Misc - Domestic LLC Filing - Statement of Authority
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1248 CORRAL WAY, 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:

ERIC KLEINMAN
Name of Person

KLEINMAN & ARKIZOSARAGUA, PA
Firm/Company

169 E. FLAGLER ST., #1420
Address

MIAMI, FL 33131
City/State and Zip Code

ERIC @ KAMEDIATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC KLEINMAN at (305) 377-2728
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: 1248 CORRAL WAY, LLC

SECOND: The Florida Document Number of the limited liability company is: L 12000005883

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

5600 RIVIERA DR
CORRAL GABLES, FL 33146

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

5600 RIVIERA DR
CORRAL GABLES, FL 33146

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: KAREN COPPA - MANAGER
GREGORY LOPEZ - MANAGER

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: KAREN COPPA - MANAGER
GREGORY LOPEZ - MANAGER

b. No authority granted to: _____

Karen Coppa
Signature of authorized representative

KAREN COPPA
Typed or printed name of signature

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