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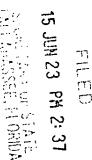
(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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06/23/15--01009--009 **25.00



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SOFI 350, LLC, a Florida lim	<u> </u>	· •
Name of L	imited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fec(s) are	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	:
Eric J. Grabois		
Name of Person		
Eric J. Grabois, P.L.		
Firm/Company		
407 Lincoln Road, Suite 9-D		
Address		
Miami Beach, Florida 33139		
City/State and Zip Code		
eric@graboislaw.com		
E-mail address: (to be used for future ann	ual report notification	n)
For further information concerning this matter, plea	ase call:	
Eric J. Grabois	305	891-2029
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605. authority:	0302(1), Florida Statutes, this limited liability company submits the follow	ving statement of
FIRST: The name of th	ne limited liability company is: SOFI 350, LLC, a Florida limited	liability
company		
SECOND: The Florida	Document Number of the limited liability company is: 46-0638431	4 2000026581
	lress of the limited liability company's principal office is:	
Miami, Flor	ida 33137	-
The mailing a	address of the limited liability company's principal office is:	-
Miami, Flor		_
- "		_
position of a person in a person on the following: 1. May execute:	nent of authority grants or sets limitations of authority on all persons having company, whether as a member, transferee, manager, officer or otherwise to an instrument transferring real property held in the name of the compartment transferring real property held in the name of the	or to a specific
b. N	o authority granted to:	-
	into other transactions on behalf of, or otherwise act for or bind, the comparanted to:	- oany. -
b. N	o authority granted to:	-
		-
	Nicolas Brocherie, M	
alguature of authorized	representative Typed or printed name of	of signature

Filing Fee:

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

CR2E138 (2/14)