

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1000115079

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2021 FEB 11 PM 1:50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ICONBAY UNIT 2107, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: ICONBAY UNIT 2107, LLC

SECOND: The Florida Document Number of the limited liability company is: L12000115079

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

c/o Accretive Law PC

4867 PGA Boulevard

Palm Beach Gardens, FL 33418

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

c/o Accretive Law PC

4867 PGA Boulevard

Palm Beach Gardens, FL 33418

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.

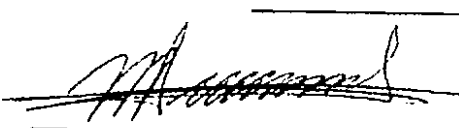
a. Granted to: Mauricio A. Arellano, its Manager and/or
Daryl B. Cramer, its Authorized Representative, to execute all documents related to
the sale of 460 NE 28th Street, Unit 2107, Miami, FL 33137

b. No authority granted to: N/A

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

a. Granted to: Mauricio A. Arellano, its Manager, and/or
Daryl B. Cramer, its Authorized Representative

b. No authority granted to: N/A


 Signature of authorized representative

Mauricio A. Arellano, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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