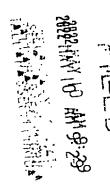
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NAME: BECO MIAMI LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Div	rision of Corporations		
SUBJECT:	Beco Miami. LLC		
	Name of	Limited Liability Com	pany
Dear Sir or I	Madam:		
The enclose	d Statement of Authority and fee(s) at	re submitted for filing.	
Please returi	n all correspondence concerning this i	matter to the following	:
Jonathan Le	eder		
	Name of Person		
	Firm/Company		
1717 N. Ba	yshore Drive Suite 215		
	Address		
Miami, FL	33132		
	City/State and Zip Code		
closing@m	agictitle.com		
E-	mail address: (to be used for future ar	nual report notification	n)
For further	information concerning this matter, pl	lease call:	
Jonathan Le	eder	305 at (514-0622 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant authority)5.0302(1), Florida S	Statutes, this limited I	liability compa	ny submits the follo	owing st	atement o	İ	
FIRST:	The name of	f the limited liability	company is: Beco M	Miami, LLC					
SECON	D: The Flori	ida Document Numb	per of the limited liab	ility company	L12000123380		_		
THIRD	The street a	c Ave	d liability company's						
	Unit 1021		· · · · · · · · · · · · · · · · · · ·						
	Miami, FL 3			<u> </u>					
	The mailin		nited liability compan						
	Unit 1021								
	Miami, FL 3	12121							
,		Granted to:	transferring real prop an Leder		<u> </u>		SEC.	2022 HAY 10	_,
	b.	No authority grant	ted to:					37 - 34.	
			actions on behalf of, o			ompany.	Costo A	9: 29	
	b.	No authority gran	ted to:			<u> </u>			
	B	D			go Bergara Brauda				
Signato	re of authoriz	Hed representative	Filing Fee: Certified Copy:	\$25.00	yped or printed nan onal)	ne of sign	nature		

CR2E138 (2/14)