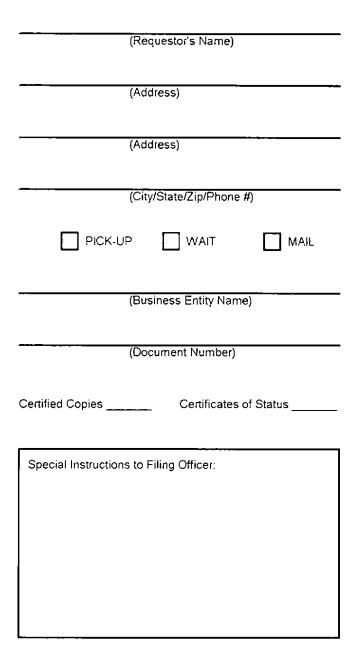
L13000000359

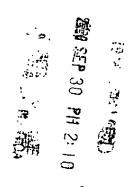


Office Use Only



500352818105

09/30/20--01006--024 **55.00



081/30 KH 8:53

.3

OCT 0 1 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tullahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FIRST STONE REUN	NION LLC			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			V	L.C. File
		ĺ		Fictitious Name File
				Trade/Service Mark
				Merger File
			7	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			$\overline{\zeta}$	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
	_ _			Fictitious Owner Search
Signature				Vehicle Search
		 		Driving Record
Requested by: SETH				UCC 1 or 3 File
	09/30/20			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Transisting GA &roc	Will Pick Up _			Courier

COVER LETTER

ro:	Division of Corporations		
SUBJE	FIRST STONE REUNION	N LLC	
SUBJE		Name of Limited Liabili	ity Company
Dear Si	r or Madam:		
The end	losed Statement of Authority and	d fee(s) are submitted fo	r filing.
Please	eturn all correspondence concerr	ning this matter to the fo	llowing:
Eric J.	Grabois, Esq.		
	Name of Person	n	
Eric J.	Grabois, P.L.		
	Firm/Company		
1666 7	9 ST Causeway, Suite 500		
	Address		
North	Bay Village, FL 33141		
	City/State and Zip Co	de	
Servic	e@GraboisLaw.com		
-	E-mail address: (to be used for	future annual report not	tification)
For fur	ther information concerning this	matter, please call:	
Eric J.	Grabois	305	891-202

Mailing Address:

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

Name of Person

Street Address:

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

Daytime Telephone Number

CR2E138 (2/14)

STATEMENT OF AUTHORITY

authority	v:			liability company submits the	
FIRST:	The name of	of the limited liabilit	ty company is: FIRST	STONE REUNION LLC	<u> </u>
SECON	D: The Flo	orida Document Num	ber of the limited liab	ility company is: L130000003	59
THIRD:		address of the limite	ed liability company's	principal office is:	
	SUITE 100	02			
	MIAMI, FI	L 33131			 _
		ing address of the lin	nited liability compan	y's principal office is:	
	SUITE 100)2			
	MIAMI, FI	L 33131			
	l. Mayex			erty held in the name of the co	mpany.
	b.	No authority grant	ed to:		
	2. May et a.		las Dadais	otherwise act for or bind, the	company.
	b.	No authority grant	ed to:		
	\			Radj Koytcha	
Signature	e of authoriz	zed representative	Filing Fee: Certified Copy:	Typed or printed no \$25.00 \$30.00 (optional)	ime of signature

CR2E138 (2/14)