



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 34-25, 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:

Maggie Walsh

\_\_\_\_\_  
Name of Person

Distinctive Title Services, Inc

\_\_\_\_\_  
Firm/Company

12230 Forest Hill Blvd #213

\_\_\_\_\_  
Address

Wellington, Florida 33414

\_\_\_\_\_  
City/State and Zip Code

mw Walsh@distinctivetitle.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Walsh

\_\_\_\_\_  
Name of Person

at ( 561 )

\_\_\_\_\_  
Area Code

515-0832

\_\_\_\_\_  
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: 34-25, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000047853

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

13304 Indian Mound Road

Wellington, Florida 33414

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

13304 Indian Mound Road

Wellington, Florida 33414

FILED  
2015 JUL 23 P 1:51  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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.

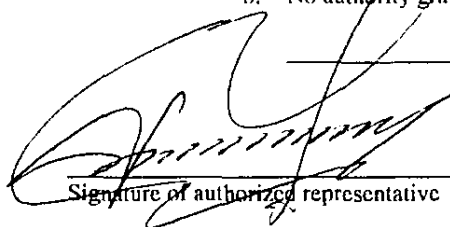
a. Granted to: Teodoro F. Calle, CARLOS R.  
ARELLANO

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: Teodoro F. Calle, CARLOS R.  
ARELLANO

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Teodoro F. Calle

Typed or printed name of signature

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