## L13000160989

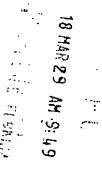
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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TBO 1600, LLC, a Florida	Limited Liability (	Company
30100 60		f Limited Linbility Con	орину
Dear Sir	or Madam:		
The enclo	osed Statement of Authority and fee(s)	are submitted for tiling.	•
Please rei	men all correspondence concerning this	matter to the following	;
Christia	an Leandro Xinos		
	Name of Person		-
TBD 16	800, LLC, a Florida Limited Li	ability Company	
	Firm/Company		
3111 N	University Dr., Suite 105		
	Address		-
Coral S	Springs, FL 33065		
	City/State and Zip Code		
[	E-mall address: (to be used for future a	nuual report notification	1)
For flirthe	r information concerning this matter, p	lease call;	
Accoun	tant & Management Inc	305	541-3980
	Name of Person	Aren Code	Daylime Telephone Number
R D C	TREETYCOURIER ADDRESS: egistration Section division of Corporations lifton Building 661 Executive Center Chele	Registrat Division P. <b>9</b> . Box	IG ADDRESS: ion Section of Corporations 6327 ec, Florida 32314

Tallahassee, Florida 32301

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this lin authority:	nited liability company submits the following statement of
FIRST: The name of the limited liability company is:	BD 1600, LLC, a Florida Limited Llability
Company	
SECOND: The Florida Document Number of the limited	d liability company is: L13000160989
THIRD: The street address of the limited liability compared and N University Dr., Ste 105	any's principal office is:
Coral SPrings, FL 33065	
The mailing address of the limited liability con 3111 N University Dr, Ste 105	
Coral Springs, FL 33065	
FOURTII: This statement of authority grants or sets limi position of a person in a company, whether as a member, t person on the following:  1. May execute an instrument transferring real person a. Granted to:  Fernando Alpern	transferee, manager, officer or otherwise or to a specific
b. No authority granted to:	<del></del>
May enter into other transactions on behalf o     a. Granted to:  Fernando Alpern	of, or otherwise act for or bind, the company.
b. No futhority granted to:	Christian Leandro Xinos
ignature of authorized representative Filing Fee:	Typed or printed name of signature \$25.00 cy: \$30.00 (outional)