

617000 173766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

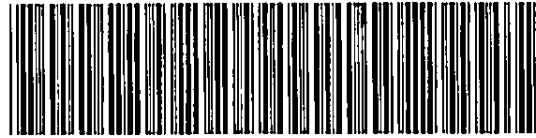
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SIMMONS

MAY 25 2018



*First American
Title Insurance Company*

NANCY COTTO
SENIOR COMMERCIAL ESCROW OFFICER

May 23, 2018

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Gables Auto Vault, LLC-Statement of Authority

In connection with the above referenced matter, enclosed please find a Statement of Authority to be filed and our check in the amount of \$55.00 to cover the filing fee and delivery of a certified copy. Once filed, please forward a Certified copy of the following to my attention to the following address:

Nancy Cotto
First American Title Insurance Company
13450 W. Sunrise Blvd, Suite 300
Sunrise, FL 33323

Should you have any questions, please feel free to contact me at 954-839-2960.

Sincerely,

Nancy Cotto
Sr. Commercial Escrow Officer

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: Cables Auto Vault, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000173766

THIRD: The street address of the limited liability company's principal office is:
3850 Bird Rd., 3rd Floor
Miami, FL 33146

The mailing address of the limited liability company's principal office is:
3850 Bird Rd., 3rd Floor
Miami, FL 33146

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.

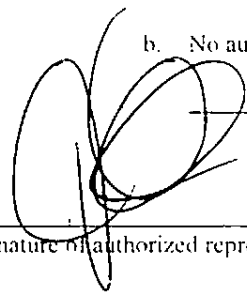
a. Granted to: Tomas Cabreriza and Sheldon Lowe

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: _____

b. No authority granted to: _____



Signature of authorized representative

Tomas Cabreriza

Typed or printed name of signature

FILED
MAY 24 AM 11:19
2019

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