

L13000176381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

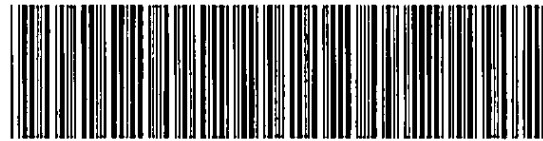
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 OCT 31 PM 4:46

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY

NOV 1 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 030833 5033330

AUTHORIZATION :

COST LIMIT : \$ 85.00



ORDER DATE : October 31, 2019

ORDER TIME : 11:19 AM

ORDER NO. : 030833-005

CUSTOMER NO: 5033330

DOMESTIC AMENDMENT FILING

NAME: WHITE OAK MIAMI LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHITE OAK MIAMI 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:

MICHAEL J. FREEMAN, ESQ.

Name of Person

MICHAEL J. FREEMAN, P.A.

Firm/Company

153 SEVILLA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

MFREEMAN@FREEMANMIAMI.COM

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

For further information concerning this matter, please call:

MICHAEL J. FREEMAN at 305 442-1567  
Name of Person Area Code 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: WHITE OAK MIAMI LLC

SECOND: The Florida Document Number of the limited liability company is: L13000176381

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

1035 NE 125TH STREET

SUITE 340

N. MIAMI, FL 33161

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

1035 NE 125TH STREET

SUITE 340

N. MIAMI, FL 33161

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TALLAHASSEE, 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: GERARD BILLET

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: GERARD BILLET

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

  
Signature of authorized representative

Patrick Ganansia, sole Manager of  
White Oak Miami LLC

Typed or printed name of signature

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