

L140000 46023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

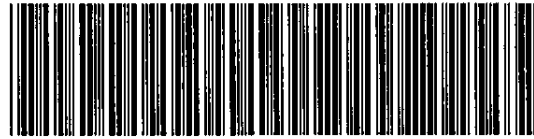
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3800 Design West, 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:

Scott R. Willinger, Esq.

Name of Person

Sax Willinger & Gold

Firm/Company

5801 NW 151 Street, Suite 307

Address

Miami Lakes, FL 33014

City/State and Zip Code

swillinger@swglawyers.com

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

For further information concerning this matter, please call:

Scott R. Willinger, Esq.

Name of Person

305

at (_____) _____

Area Code

591-1040 xt 205

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: 3800 DESIGN WEST, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000046023

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

c/o Sax, Willinger & Gold

5801 NW 151 Street, Suite 307

Miami Lakes, FL 33014

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

c/o Sax, Willinger & Gold

5801 NW 151 Street, Suite 307

Miami Lakes, FL 33014

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: Gayle DeVecht or Scott DeVecht

either party individually may transfer real property held in the name company.

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: Gayle DeVecht or Scott DeVecht

either party individually may enter into other transactions or otherwise

for or bind the company.

b. No authority granted to: _____

Signature of authorized representative

Signature of authorized representative

Scott DeVecht

Gayle DeVecht

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA