

L14 0000 48145

(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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16 SEP 12 11:11 AM
TALLAHASSEE, FLORIDA
STATE
OFFICE
9/11/16

COVER LETTER

TO: Registration Section
Division of Corporations

UPTOWN MIAMI HOLDINGS LLC

SUBJECT: _____
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:

NICK HAMANN

Name of Person

UPTOWN MIAMI HOLDINGS LLC

Firm/Company

490 NW S RIVER DR

Address

MIAMI, FL 33128

City/State and Zip Code

NHAMANN@URBANATLANTICGROUP.COM

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

For further information concerning this matter, please call:

MICHAEL ALBERT

786

252 2200

at (_____) _____

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:

UPTOWN MIAMI HOLDINGS LLC

FIRST: The name of the limited liability company is: _____

L14000048145

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

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

490 NW S RIVER DR

MIAMI, FL 33128

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

490 NW S RIVER DR

MIAMI, FL 33128

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.

NICOLAS HAMANN

a. Granted to: _____

ALL OTHERS

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

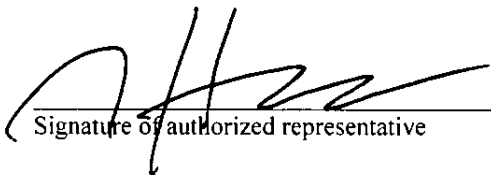
NICOLAS HAMANN

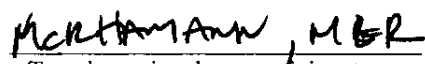
a. Granted to: _____

ALL OTHERS

b. No authority granted to: _____

STATE OF FLORIDA
16 SEP 12 11:30 AM
TALLAHASSEE, FLORIDA


Signature of authorized representative


Typed or printed name of signature

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