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STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

UPTOWN MIAMI 8301 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 8301 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:

FIRST: The name of the limited liability company is: UPTOWN MIAMI 8301 LLC

SECOND: The Florida Document Number of the limited liability company is: L14000052294

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.


a. Granted to: NICOLAS HAMANN

b. No authority granted to: ALL OTHERS

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

a. Granted to: NICOLAS HAMANN

b. No authority granted to: ALL OTHERS


Signature of authorized representative

NICK HAMANN, MGR
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)