L14 000093407

(Requestor's Name)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(District AM and a A
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations		
825 MICHIGAN AVE LLC		
SUBJECT: Nam	e of Limited Liability Compa	any
Dear Sir or Madam:		
The enclosed Statement of Authority and fee	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Olga Martinez		
Name of Person		
Palmer, Palmer & Mangiero		
Firm/Company		
12790 South Dixic Highway		
Address		
Miami, FL 33156		
City/State and Zip Code		
ashandal@hmequities.com		
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this mat	ter, please call:	
Paul Palmer	305 at ()	378-0011
Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

authority				
FIRST:	The name of the limited liability company is: 825 MICHIGAN AVE LLC	·-		
SECON	D: The Florida Document Number of the limited liability company is: L14000093407			
THIRD	The street address of the limited liability company's principal office is: 13350 SW 131 Street			
	Unit 106			
	Miami, FL 33186			
	The mailing address of the limited liability company's principal office is: 13350 SW 131 Street			
	Unit 106			
	Miami, FL 33186	,		
	of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the compan a. Granted to: Alejandro Handal and Matteo Cornali		的02FEB 13 PM 1:55	!! רוך רוך
	b. No authority granted to: N/A	STATE	1: 55	•
	May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Alejandro Handal and Matteo Cornali	- oany. -		
	b. No authority granted to: N/A	-		
	Alejandro Handal Typed or printed name of			

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)