

L14000096685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

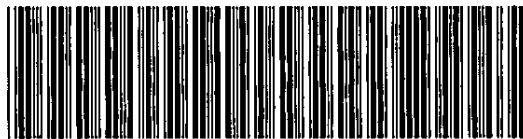
(Business Entity Name)

(Document Number)

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15 MAR 19 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:12:00 APR 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Maricida Noel, 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:

Alan Sorota
Name of Person

Feinstein & Sorota P.A.
Firm/Company

1901 SW 6ct. Ste 305
Address

Plantation, FL 33324
City/State and Zip Code

fspa@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Sorota at (954) 6171500
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: One Maricia Noel LLC

SECOND: The Florida Document Number of the limited liability company is: L 14000096685

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

16244 Bridlewood Circle
Delray Beach, FL 33445

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

16244 Bridlewood Circle
Delray Beach, FL 33445

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.

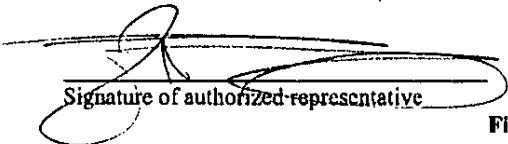
a. Granted to: Raymondo A. McDonald Jr.

b. No authority granted to: N/A

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

a. Granted to: Raymondo A. McDonald Jr.

b. No authority granted to: N/A


Signature of authorized representative

Raymondo A. McDonald Jr.
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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