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COVER LETTER

	egistration Section ivision of Corporations	• • •	
elib iegt	VILLA ALDA, LLC		
SUBJECT		Limited Liability Com	pany
Dear Sir or	Madam:		
he enclose	ed Statement of Authority and fee(s) a	are submitted for filing.	
lease retu	rn all correspondence concerning this	matter to the following	:
Jamie Tari	ch		
	Name of Person		-
The Tarich	ı Law Firm P.A.		
	Firm/Company		
1946 Tylei	r Street		
	Address		•
Hollywood	d. Florida 33020		
	City/State and Zip Code		•
jamıc@tar	ichlaw.com		
E	-mail address: (to be used for future ar	nnual report notificatio	n)
for further	information concerning this matter, p	lease call:	
Jamie Tari	ich	305 at (503.5096
-	Name of Person	Area Code	Daytime Telephone Number
	lailing Address: egistration Section		Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

uthority:	of the limited liability company is: VILLA	ability company submits the following statement ALDA, LLC
ECOND: The Flo	orida Document Number of the limited liabil	ity company is: 1.14000109981
HIRD: The stree	t address of the limited liability company's p 7th street	rincipal office is:
Miami, Fl	_ 33138	2022 FES
The mail	ling address of the limited liability company	s principal office is:
erson on the follow	ving: execute an instrument transferring real proper Salih Karadavi, as Authorized	1 Signer
b	. No authority granted to: Salih Karadayı t	
2. May	enter into other transactions on behalf of, or	otherwise act for or bind, the company.
b	. No authority granted to:	
D <u>RLANDO VILL</u> RANGO HILELA JA 19 7 ? ?	<u>ELLA</u> 10 15 52 53 5	Orlando Villella, Manager
signature of author	ized representative Filing Fee: \$ Certified Copy: \$	Typed or printed name of signature 25.00 (optional)

CR2E138 (2/14)