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NG 19 2014 J. HARRIS

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT:	Stratford Medical Group, Ll	.c				
SOBJECT:		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	d Statement of Authority and fee(s) as	e submitted for filing				
Picase retur	n all correspondence concerning this r	natter to the following	g:			
Levi Willi	ams, Esq					
	Name of Person		<u>.</u>			
Law Offic	ces of Levi Williams, P.A.					
	Firm/Company		-			
12 SE 7t	h Street, Suite 700					
	Address		-			
Fort Lauc	derdale, FL 33301					
	City/State and Zip Code		-			
levi@levi	williamslaw.com					
E-	mail address: (to be used for future an	nual report notificatio	n)			
For further i	nformation concerning this matter, ple	rase call:				
Levi Willi	ams, Esq.	954 at (629-9587			
	Name of Person	Area Code	Daytime Telephone Number			
	REET/COURIER ADDRESS:		NG ADDRESS:			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

	l 14000115368		
	: The Florida Document Number of the limited liability company is: L14000115368		_
	The street address of the limited liability company's principal office is: 2286 NW 12th Court		
_	Pembroke Pines, FL 33410		
	The mailing address of the limited liability company's principal office is: 2286 NW 12th Court		
P	Pembroke Pines, FL 33140		
position of person on t	: This statement of authority grants or sets limitations of authority on all persons having the state a person in a company, whether as a member, transferee, manager, officer or otherwise or to a subject following: May execute an instrument transferring real property held in the name of the company. a. Granted to: Luis Corral, Yu G. Tu, and Alan J. Bjork	specific 	
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