L14000117587

| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
TALL ANASSET FIGURE

J. HARRIS

COVER LETTER

| | gistration Section rision of Corporations | | | | | | |
|---|--|--------------------------|--------------------------|--|--|--|--|
| CUD IFCT. | 1300 COCONUT ROAD LLC | | | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | | | |
| Dear Sir or N | Madam: | | | | | | |
| The enclosed | d Statement of Authority and fee(s) are sul | omitted for filing. | | | | | |
| Please return | all correspondence concerning this matte | r to the following: | | | | | |
| George J | . Lott, Esq. | | | | | | |
| | Name of Person | | | | | | |
| Lott & Le | vine | | | | | | |
| | Firm/Company | | | | | | |
| 8950 S.W | V. 74 Court, Town Center One, | Suite 1711 | | | | | |
| - | Address | | | | | | |
| Miami, Fl | L 33156 | | | | | | |
| | City/State and Zip Code | <u></u> | | | | | |
| glott@lot | tlevine.com | | | | | | |
| E-n | nail address: (to be used for future annual | report notification) |) | | | | |
| For further in | nformation concerning this matter, please | call: | | | | | |
| George J | . Lott | 305 | 670-7000 | | | | |
| | Name of Person | Area Code | Daytime Telephone Number | | | | |
| Reg Div Clif 266 | REET/COURIER ADDRESS: gistration Section ision of Corporations fton Building 1 Executive Center Circle lahassee, Florida 32301 | Registration of P.O. Box | of Corporations | | | | |

STATEMENT OF AUTHORITY

| authority | <i>r</i> : | 1), Florida Statutes, this limited liabili | | ng staten | nent o | f |
|-------------------|--|--|--|-------------|-----------|-------|
| FIRST: | The name of the limi | ited liability company is: 1300 Coc | conut Road LLC | | | |
| SECON | D: The Florida Docu | ment Number of the limited liability o | company is: L14000117587 | , | | |
| | | of the limited liability company's princ | | | | |
| | Boca Raton, FL | . 33432 | | | | |
| | The mailing address | s of the limited liability company's pr | rincipal office is: | | | |
| | Boca Raton, FL | . 33432 | | | | |
| position | of a person in a companthe following: 1. May execute an i | authority grants or sets limitations of pany, whether as a member, transferee, instrument transferring real property h | , manager, officer or otherwise of the company | or to a sp | | |
| | | to: ANGELA GENNARO, as Florida corporation, as Mana | | SECRE | 16 FEB | |
| | b. No auth | nority granted to: | | TANY OF S | 3 16 PM 3 | 2.000 |
| | a. Granted | other transactions on behalf of, or othe to: ANGELA GENNARO, as a Florida corporation, as Man | s President of 1300 CR | ORIE AIE | 3: | 1 t |
| | b. No auth | nority granted to: | | | | |
| Ongel Signatur | Leunaw M e of authorized represe | Nomber 127/16 sentative Filing Fee: \$25.0 Certified Copy: \$30.0 | | | <u>—</u> | |

CR2E138 (2/14)