

L14000175240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

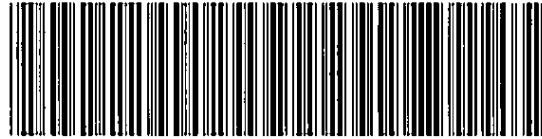
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352818114

09/30/20--01006--023 **55.00

SEP 30 PM 2:09
OCT 01 2020
7:00 SEP 30 AM 6:52

C. SIMMONS

OCT 01 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FIRST STONE ATLANTA LLC

Signature _____

Requested by: SETH

09/30/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST STONE ATLANTA 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:

Eric J. Grabois, Esq.

Name of Person

Eric J. Grabois, P.L.

Firm/Company

1666 79 ST Causeway, Suite 500

Address

North Bay Village, FL 33141

City/State and Zip Code

Service@GraboisLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric J. Grabois

Name of Person

305

at (_____)_____
Area Code

891-2029

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

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: FIRST STONE ATLANTA LLC 7/24/2010 11:18:52

SECOND: The Florida Document Number of the limited liability company is: L14000175240

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

170 SE 14TH STREET

SUITE 1002

MIAMI, FL 33131

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

170 SE 14TH STREET

SUITE 1002

MIAMI, FL 33131

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.

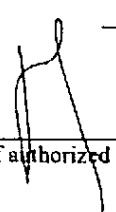
a. Granted to: Sandra Rodriguez

b. No authority granted to: _____

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

a. Granted to: Sandra Rodriguez

b. No authority granted to: _____



Signature of authorized representative

Radj Koytcha

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)