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(Requestor's Name) (Address)	200271338082			
(City/State/Zip/Phone #)	05/11/1501001023 **25.00			
(Business Entity Name)				
(Document Number)	DEFARINE			
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Cardome II, LLC			-{ -{			
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				LTD Partnership File		
				Foreign Corp. File		
				L.C. File	-	
			—	Fictitious Name File		
				Trade/Service Mark		
				Merger File		
				Art. of Amend. File		
				RA Resignation	- <u></u>	
				Dissolution / Withdrawa	ıl	
			 	Annual Report / Reinsta	atement	
				Cert. Copy		
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Name	Date	Time		UCC 11 Retrieval		
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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: Cardome II, LLC

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

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

1340 NE 173rd Street

Miami, FL 33162

The mailing address of the limited liability company's principal office is: 1340 NE 173rd Street

Miami, FL 33162

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, transferce, 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:____

b. No authority granted to:

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

Granted to : ____ a.

b. No authority granted to:

Signature of authorized representative

Tobi Wolf

Typed or printed name of signature

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Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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