

LP 102
L15000020978

(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



400289096914

08/17/16--01018--011 **60.00

FILED
16 AUG 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

422/16 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6241 & 6265 West 22 Court, 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:

Mark S. Schechner, Esquire
Name of Person

Mark S. Schechner, P.A.
Firm/Company

2121 Ponce de Leon Blvd., Suite 711
Address

Coral Gables, Florida 33134-5222
City/State and Zip Code

markschechner@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S. Schechner at (305) 446-1621
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

FILED
16 AUG 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 6241 & 6265 West 22 Court, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000020978

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

16500 SW 66 Street

Miami, Florida 33193

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

16500 SW 66 Street

Miami, Florida 33193

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: Gerardo Ricardo de Armas


b. No authority granted to: NONE

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

a. Granted to: Gerardo Ricardo de Armas

b. No authority granted to: NONE

FILED
16 AUG 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of authorized representative

Gerardo Ricardo de Armas
Typed or printed name of signature

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

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: 6241 & 6265 West 22 Court, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000020978

THIRD: The street address of the limited liability company's principal office is:
16500 SW 66 Street
Miami, Florida 33193

The mailing address of the limited liability company's principal office is:
16500 SW 66 Street
Miami, Florida 33193

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: Gerardo Ricardo de Armas

b. No authority granted to: NONE

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
a. Granted to: Gerardo Ricardo de Armas

b. No authority granted to: NONE

FILED
16 AUG 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature of authorized representative

Gerardo Ricardo de Armas

Typed or printed name of signature

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