

45000035207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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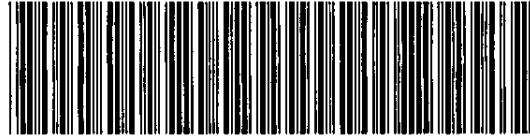
(Business Entity Name)

(Document Number)

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TOWSON REGISTER

AUG 07 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 336 Collins 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:

**Jesper Arnoldsson**

\_\_\_\_\_  
Name of Person

**336 Collins LLC**

\_\_\_\_\_  
Firm/Company

**307 NE 1st Street**

\_\_\_\_\_  
Address

**Miami, FL 33132**

\_\_\_\_\_  
City/State and Zip Code

**admin@standardms.com**

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

For further information concerning this matter, please call:

**Jesper Arnoldsson**

**786**

**301-1166**

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_)  
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

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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: 336 Collins LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000035207

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

307 NE 1st Street

Miami, FL 33132

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

307 NE 1st Street

Miami, FL 33132

**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: Jesper Arnoldsson


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: Jesper Arnoldsson

b. No authority granted to: \_\_\_\_\_

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\_\_\_\_\_  
Signature of authorized representative

Jesper Arnoldsson  
\_\_\_\_\_  
Typed or printed name of signature

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