

L15000035207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

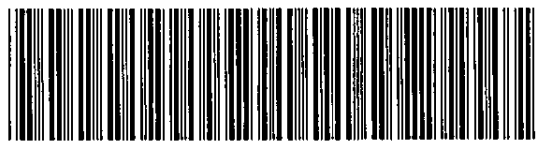
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000282786460

03/01/16--01001--016    \*\*150.00

RECEIVED  
16 FEB 29 PM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
2016 FEB 29 A 11:30

MAR 01 2016  
J. BRUCE

# CAPITAL CONNECTION, INC.

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

336 COLLINS, LLC

- \_\_\_ 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 \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 FEB 29 A 11: 34

**FILED**

Signature \_\_\_\_\_

Requested by: Seth

02/29

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**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:

Erica H. Sterling  
Name of Person

Spottswood, Spottswood & Spottswood  
Firm/Company

500 Fleming Street  
Address

Key West, Florida 33040  
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:

Erica H. Sterling at ( 305 ) 294-9556  
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

2016 FEB 29 A 11: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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: STANDARD MANAGEMENT SERVICES, L.L.C., Authorized Member

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: STANDARD MANAGEMENT SERVICES, L.L.C., Authorized Member

b. No authority granted to:

FILED 2016 FEB 29 A 11:30 SECRETARY OF STATE TALLAHASSEE FLORIDA

Signature of authorized representative

Gustaf Arnoldsson Typed or printed name of signature

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