150007590

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		,		





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JUN 1 6 2015 S. YOUNG

COVER LETTER

Division of Corporations			
AC 704 LLC SUBJECT:			
	mited Liability Com	pany	
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	atter to the following	;	
Jorge E. Blanco			
Name of Person			
Jorge E. Blanco, P.A.			
Firm/Company		-	
782 NW 42 Ave., Suite 641			
Address		-	
Miami, Florida 33126			
City/State and Zip Code		•	
jorgeblancolaw@bellsouth.net			≥ <u>@</u> ऊ
E-mail address: (to be used for future annu	ual report notificatio	n)	
For further information concerning this matter, plea	se call:		7.5.2. 5.
Jorge E. Blanco	305	444-0044	TARY OF S
Name of Person	Area Code	Daytime Telephor	
STREET/COURIER ADDRESS: Registration Section		NG ADDRESS: tion Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

STATEMENT OF AUTHORITY

authority:	on 605.0302(1), Florida Statutes, this limited liability c	
FIRST: The nar	ne of the limited liability company is: AC 704 LLC)
SECOND: The	Florida Document Number of the limited liability com	pany is: L15000070590
	reet address of the limited liability company's principal 7 N. Winners Circle	I office is:
Davie	e, Florida 33330	
The m	nailing address of the limited liability company's princi	ipal office is:
position of a pers person on the fol	s statement of authority grants or sets limitations of aut son in a company, whether as a member, transferee, mallowing: by execute an instrument transferring real property held a. Granted to: Jean Claudio Palmegiani	anager, officer or otherwise or to a specific
	b. No authority granted to: Carlos Leon	5 PH 4: 52
2. M	ay enter into other transactions on behalf of, or otherwing a. Granted to:	ise act for or bind, the company.
	b. No authority granted to: Carlos Leon	
	Maur	Carlos Leon
Signature of auth	horized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (Typed or printed name of signature (optional)

CR2E138 (2/14)