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DOWNTOWN TAMI	PA ZACK, LI			
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				Art of Inc. File
				LTD Partnership File
		Ì	77	Foreign Corp. File
				L.C. File
			<del></del>	Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
		ļ		RA Resignation
		ı		Dissolution / Withdrawal
				Annual Report / Reinstatement
			X	Cert. Copy
			<del></del>	Photo Copy
	•			Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	0.5/0.0			UCC 1 or 3 File
	05/22			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	DOWNTOWN TAMPA ZACH	K, LLC	
00001		mited Liability Com	pany
Dear Si	r or Madam:		
The enc	closed Statement of Authority and fee(s) are	submitted for filing.	
Please r	return all correspondence concerning this ma	atter to the following:	:
Scott	W. Fitzpatrick		
	Name of Person		
Owen	ns Law Group, P.A.		
	Firm/Company		
811 C	Cypress Village Blvd.		
	Address		
Ruski	in, FL 33573		
	City/State and Zip Code	<del></del>	
scott@	@owenslawgrouppa.com		
	E-mail address: (to be used for future annu	al report notification	)
For furt	her information concerning this matter, plea	se call:	
Scott	W. Fitzpatrick	813 at ( · · )	634-5425
	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	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the folloauthority:	owing statement of
FIRST: The name of the limited liability company is: DOWNTOWN TAMPA ZACK,	LLC
SECOND: The Florida Document Number of the limited liability company is: L150000782	94
THIRD: The street address of the limited liability company's principal office is: 721 ELKHORN RD.	
SUN CITY CENTER, FL 33573	<del>_</del>
The mailing address of the limited liability company's principal office is: 497 CAROL PLACE	
PELHAM MANOR, NY 10803	<del>-</del>
FOURTH: This statement of authority grants or sets limitations of authority on all persons hav position of a person in a company, whether as a member, transferee, manager, officer or otherwiperson on the following:  1. May execute an instrument transferring real property held in the name of the comp  a. Granted to: SUSAN C. HEITKER and SALLY S. SMITH.	any.
b. No authority granted to: N/A	ZZ AM 9: LARY OF STA LASSEE, FLOI
2. May enter into other transactions on behalf of, or otherwise act for or bind, the cona. Granted to: SUSAN C. HEITKER and SALLY S. SMITH.	mpany. A
b. No authority granted to: N/A	 
Signature of authorized representative(5)  Signature of authorized representative(5)  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	an, by Susan C. Heitker, in-fact
Signature of authorized representatives  Filing Fee: \$25.00 Sally S  Certified Copy: \$30.00 (optional)	of signature
CR2E138 (2/14)	