# L15000104570

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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: |
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|   |

Office Use Only



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HANSEE, FLORIBA

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TALLAHASSEE, FLORIDA

TALLAHASS

### COVER LETTER

|               | distration Section<br>dision of Corporations |                                       |                          |  |
|---------------|--|---------------------------------------|--------------------------|--|
| SUBJECT:      | MIAMI COLLEGE LLC                            |                                       |                          |  |
| SUBJECT       | Name of Limited Liability Company            |                                       |                          |  |
| Dear Sir or t | Madam:                                       |                                       |                          |  |
| The enclosed  | d Statement of Authority and fee(s)          | are submitted for filing.             |                          |  |
| Please return | all correspondence concerning this           | matter to the following               | :                        |  |
| JOSE MED      | INA  |                                       |                          |  |
|               | Name of Person                               | . <del>-</del>                        |                          |  |
| MUST UNI      | VERSITY                                      |                                       |                          |  |
|               | Firm/Company                                 | · · · · · · · · · · · · · · · · · · · |                          |  |
| 960 NE 5th    | Ave.   |                                       |                          |  |
|               | Address                                      |                                       |                          |  |
| BOCA RAT      | ON, FL 33431                                 |                                       |                          |  |
|               | City/State and Zip Code                      |                                       |                          |  |
| jose.medina   | @mustedu.com                                 |                                       |                          |  |
| E-r           | nail address: (to be used for future a       | nnual report notification             | 1)                       |  |
| For further i | nformation concerning this matter, p         | olease call:                          |                          |  |
| THELMA R      | RIVERA, ESQ.                                 | 787<br>at (                           | 360-8828                 |  |
|               | Name of Person                               | Area Code                             | Daytime Telephone Number |  |

# **Mailing Address:**

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

# **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### STATEMENT OF AUTHORITY

| Pursuant to section authority:               | 605.0302(1), Florida Statutes, this limited liability company submits the following statement of                  |
|--|---|
| FIRST: The name                              | of the limited liability company is: MIAMI COLLEGE LLC  |
| SECOND: The Flo                              | orida Document Number of the limited liability company is:  |
| THIRD: The stree                             | et address of the limited liability company's principal office is:  5th Ave                                       |
| BOCA RA                                      | ATON, FL 33431-7791   |
| The mail                                     | ling address of the limited liability company's principal office is:  5th Ave                                     |
| BOCA RA                                      | ATON, FL 33431-7791   |
| position of a person<br>person on the follov | execute an instrument transferring real property held in the name of the company.  GIULIANNA CARBONARI MENEGHELLO |
| b.   | No authority granted to: N/A JAN 25   |
| 2. May o                                     | enter into other transactions on behalf of, or otherwise act for or bind, the company                             |
| h.   | No authority granted to: N/A  |
| Signature of authori                         | ized representative    Jose G- Me discount  |

CR2E138 (2/14)