

L15000108518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

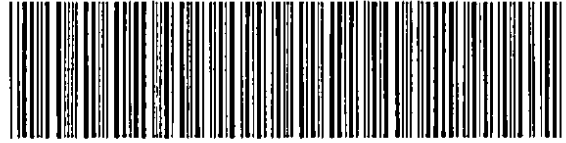
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/16/20--01018--011 **25.00

2020 SEP 16 PM 1:58

2020 SEP 16 PM 1:08

C. GOLDEN
SEP 17 2020

CAPITAL CONNECTION, INC.

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

904 ONE FLAGLER INVESTMENTS LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ 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 _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 904 One Flagler Investments, 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:

Colette K. Sauer

Name of Person

Law Office of Henry W. Johnson

Firm/Company

2900 N. University Drive, Suite 42

Address

Coral Springs, FL 33065

City/State and Zip Code

cksauer@hwjlaw.net

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

For further information concerning this matter, please call:

Rosalie G. Matteo

619

322-9254

at ()

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 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: 904 One Flagler Investments, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000108518

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

4980 E. 10 Lane

Miami, FL 33013

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

PO Box 227722

Miami, FL 33322

2023 Sep 16 PM 1:08

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.

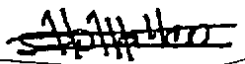
a. Granted to: Adriana V. Matteo

b. No authority granted to: Laura Matteo or Carmen J. Salgado

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Adriana V. Matteo

b. No authority granted to: Laura Matteo or Carmen J. Salgado



Signature of authorized representative

Alfonso D. Matteo, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)