

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



600351984016

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

Name of Person

at ()

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

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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.

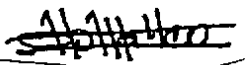
a. Granted to: Adriana V. Matteo

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)