

L15000144900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 SEP - 3 AM 9: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 4 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 773824 82506A

AUTHORIZATION



COST LIMIT : \$ 55.00

ORDER DATE : September 3, 2015

ORDER TIME : 12:02 PM

ORDER NO. : 773824-015

CUSTOMER NO: 82506A

DOMESTIC AMENDMENT FILING

NAME: 2140-2160 NW 29TH STREET LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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: 2140-2160 NW 29th Street LLC

SECOND: The Florida Document Number of the limited liability company is: 15000144900

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

c/o Socius Family Office

1801 South Federal Highway, Second Floor

Boca Raton, FL 33432

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

c/o Socius Family Office

1801 South Federal Highway, Second Floor

Boca Raton, FL 33432

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TALLAHASSEE, FLORIDA

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.

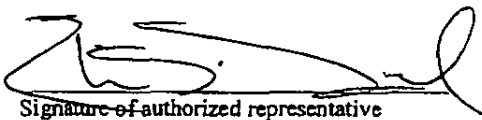
a. Granted to: Elvis Dumervil

b. No authority granted to: N/A

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

a. Granted to: Elvis Dumervil

b. No authority granted to: N/A


Signature of authorized representative

Elvis Dumervil
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)