

12/07/2015 15:42:30 305442-4829 ARAZOZA FERNANDEZ PAGE 01/03
12/07/2015 Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S.F. DEVELOPMENT, L.L.C.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.F. DEVELOPMENT, L.L.C.

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:

LAURA KOHN

Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

Name of Person

305

Area Code

444-8226 x 233

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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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: S.F. DEVELOPMENT, L.L.C.

SECOND: The Florida Document Number of the limited liability company is: L15000165785

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

31 S.E. 5TH STREET, SUITE 214

MIAMI, FL 33131

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

31 S.E. 5TH STREET, SUITE 214

MIAMI, FL 33131

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: JOHAN ANDREASSEN

b. No authority granted to: _____

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

a. Granted to: JOHAN ANDREASSEN

b. No authority granted to: _____


Signature of authorized representative

JOHAN ANDREASSEN

Typed or printed name of signature

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

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15 DEC -7 AM 9:09
CLERK OF COUNTY OF DADE
MIAMI, FLORIDA