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COVER LETTER

TO: Registration Section Division of Corporations

12th Avenue Property Investors, LLC SUBJECT:

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:

Bruce Sinclair

Name of Person

12th Avenue Property Investors, LLC

Firm/Company

5214 NE 12th Avenue

Address

Oakland Park, FL 33334

City/State and Zip Code

bsinclair@floorswd.com			E.	21	
E-mail address: (to be used for future annual report notification)				2015 N	
For further information concerning this matter, plea	ase call:		HACS	NON	
Bruce Sinclair	754 at (367-5924	mo-<		i III
Name of Person	Area Code	Daytime Telephone	Number LORIDY	5 iS 3	D
STREET/COURIER ADDRESS: Registration Section		G ADDRESS: on Section	2	ъ	

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

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

CR2E138 (2/14)

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: _____12th Avenue Property Investors, LLC

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

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

5214 NE 12th Avenue

Oakland Park, FL 33334

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

5214 NE 12th Avenue

Oakland Park, FL 33334

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: NOV

1. May execute an instrument transferring real property held in the name of the company.

- Granted to:____ a.
- b. No authority granted to: _____

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

Granted to : ____ a.

b. No authority granted to: _____

Signature of authorized representative

Bruce Sinclair

Typed or printed name of signature

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

CR2E138 (2/14)