L15000185651

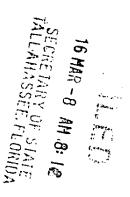
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
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MAR 09 2016 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations	93. j. j.	\$
SUBJ	5130 Cherokee , LLC		
	Name of I	Limited Liability Com	pany
Dear S	ir or Madam:		
The er	sclosed Statement of Authority and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this n	natter to the following	:
Ross	s Marchetta		
	Name of Person	· · · · · · · · · · · · · · · · · · ·	
5130	Cherokee, LLC		
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
1455	Ocean Drive, Apt. 403		
	Address		
Mian	ni Beach, FL 33139		
	City/State and Zip Code		
marc	hetta@obgynreserve.com		
	E-mail address: (to be used for future an	nual report notification	n)
For fu	ther information concerning this matter, ple	ease call:	
Ross	Marchetta	330 at (414-8232
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAITIN	IG ADDRESS:
	STREET/COUNDA ADDRESS.	TAKENTONIA	THE CONTRACTOR OF THE CONTRACT

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

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

STATEMENT OF AUTHORITY

FIRST:	The name o	of the limited liability	y company is: 51	30 Cherol	kee, LLC			_
SECOND	: The Flor	rida Document Numb	ber of the limited l	liability com	pany is:_L15(00018565	1	<u> </u>
THIRD:	The street	address of the limitedean Drive, #403	d liability compan					
- ! -	Viami Be	each, FL 33139)				-	
-		ng address of the lime		pany's princi	pal office is:		-	
1	Miami Be	each, FL 33139					.	
position o person on	f a person in the following. May ex	cecute an instrument	er as a member, transferring real property and	ansferee, ma roperty held d Evan W	nager, officer in the name o	or otherwise	or to a specific	
	b.	No authority grante				<u>.</u>	AH 18: 14 CE FLORIL	Water Course Barrie
2	. Mayen	nter into other transac Granted to:	ctions on behalf of	f, or otherwis	se act for or b	•	pany.	
	b.	No authority grante	ed to:					
· ·	loss	·		1	Ross Marc	chetta		
Signature	M of authoriz	zed representative	 Filing Fee: Certified Copy	\$25.00	Typed or pr	chetta inted name o	f signature	

CR2E138 (2/14)