L15000201002

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COVER LETTER

TO: Registration Section Division of Corporations		•
3085 19th LLC SUBJECT:		
	ted Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are sub-	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	:
Dorothy G. Negrin		
Name of Person		
McGlinchey Stafford		
Firm/Company		
One East Broward Blvd., Suite 1400		
Address		
Ft. Lauderdale, FL 33301		
City/State and Zip Code		
dnegrin@mcglinchey.com		
E-mail address: (to be used for future annual	report notification	<u>n)</u>
For further information concerning this matter, please	call:	
Dorothy Negrin	954 at (356-2501
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

STATEMENT OF AUTHORITY

authority		ng statem	ient of	
FIRST:	The name of the limited liability company is: 3085 19th LLC			-
SECON	D: The Florida Document Number of the limited liability company is: L15000201002	<u>}</u>		_
	The street address of the limited liability company's principal office is: 92300 Overseas Hwy., Suite 307			
	Tavernier, FL 33070			
	The mailing address of the limited liability company's principal office is: c/o Dorothy G Negrin, McGlinchey Stafford			
	One East Broward Blvd., Suite 1400			
	Ft. Lauderdale, FL 33301			
position	 H: This statement of authority grants or sets limitations of authority on all persons having of a person in a company, whether as a member, transferee, manager, officer or otherwise in the following: May execute an instrument transferring real property held in the name of the company a. Granted to: Dorothy G. Negrin or Luis A. Negrin 	or to a spe		
	b. No authority granted to:			
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comparation is as a comparation of the co	any.		
Cianata	Luis A. Negrin, Mgr.	Salamat		
Signatur	e of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Conv. \$30.00 (optional)	signature	;	