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Special Instructions to	Filing Officer:				





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SECRETARY OF STATE
AND ANASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2016

BETH W. MILLER

645 VASSAR STREET ORLANDO, FL 32804

SUBJECT: INTERAUDI LLC Ref. Number: L16000084713

We have received your document for INTERAUDI LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for INTERAUDI LLC, however you must list individuals names in the granted to section of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A00010133

NG JUN -9 AN 9: 4 SECRETARY OF STATI

COVER LETTER

* TO: Registration Section Division of Corporations

Interaudi 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:	
Beth W. Miller	
Name of Person	
Beth W. Miller, P.A.	
Firm/Company	
645 Vassar Street	
Address	ZS S
Orlando, FL 32804	JUN CRETA
City/State and Zip Code	-9 III
bethmillerlaw@bellsouth.net	mo !'
E-mail address: (to be used for future annual report notification)	M 9: 44 F STATE FLORIDA
For further information concerning this matter, please call:)A
Beth W. Miller 407 246-8092	
Name of Person Area Code Daytime Teleph	none 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

The second

STATEMENT OF AUTHORITY

Pursuan authority	at to section 605.0302(1), Florida Statutes, this liny:	mited liability company submits the following	g staten	nent of	ť
FIRST:	The name of the limited liability company is: _	Interaudi LLC			
SECON	ND: The Florida Document Number of the limite	ed liability company is: L16000084713			_
	: The street address of the limited liability comp 19 East 54th Street				
	New York, New York 10022		TATT HOUSE	ಹ	
	The mailing address of the limited liability co	ompany's principal office is:	AHASSEE, FL	NV 6- NNF	
	New York, New York 10022		ORIDA	9: 4 <u>:</u>	
	of a person in a company, whether as a member on the following: 1. May execute an instrument transferring rea a. Granted to: any two of the fo	al property held in the name of the company.	to a sp	ecific	
	b. No authority granted to:				
	a. Granted to: George Audi; S Stefan Johannson	If of, or otherwise act for or bind, the compan	y.		
I	Du-	Salim A. Abboud			
&ignatu	re of authorized representative Filing Fee Certified	Typed or printed name of s : \$25.00 Copy: \$30.00 (optional)	ignatur	е	

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