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# でOVER LETTER

**TO: •** Registration Section Division of Corporations

New Day Miami, LLC SUBJECT:		
	nited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Roland St. Louis		
Name of Person		
New Day Miami, LLC		
Firm/Company		
P.O. Box 144010		
Address		
Coral Gables, Florida 33114		
City/State and Zip Code		
rolandstlouis@gmail.com		
E-mail address: (to be used for future annu	al report notification	1)
For further information concerning this matter, plea	se call:	
Roland St. Louis	305	775-1076
Name of Person		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

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limit authority:	ted liability company submits the following statement of	
FIRST: The name of the limited liability company is: New Day Miami, LLC		
SECOND: The Florida Document Number of the limited	liability company is: L16000089263	
THIRD: The street address of the limited liability compar 135 San Lorenzo Avenue		
Suite 150	I MA	
Coral Gables Florida 33146	HASS	
The mailing address of the limited liability comp P.O. Box 144010		
Coral Gables, Florida 33114	ROP STE	
May execute an instrument transferring real p     a. Granted to:  Roland St. Louis, N	oroperty held in the name of the company.  Manager	
2. May enter into other transactions on behalf o a. Granted to: Roland St. Louis,	f, or otherwise act for or bind, the company.  Manager	
b. No authority granted to:		
Par De	Roland St. Louis	
Signature of authorized representative Filing Fee: Certified Cop	Typed or printed name of signature \$25.00 oy: \$30.00 (optional)	

CR2E138 (2/14)