L16 0000 89263

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COVER LETTER

TO: Registration Section Division of Corporations	
New Day Miami, 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:	
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	2022
rolandstlouis@gmail.com	
E-mail address: (to be used for future annual report notification)	CD CD
For further information concerning this matter, please call:	
Roland St. Louis 305 775-1076	
Name of Person Area Code Daytime Teleph	one Number (1)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: New Day Miami, LLC SECOND: The Florida Document Number of the limited liability company is: L16000089263 THIRD: The street address of the limited liability company's principal office is: 135 San Lorenzo Avenue Suite 150 Coral Gables, Florida 33146 The mailing address of the limited liability company's principal office is: P.O. Box 144010 Coral Gables, Florida 33114 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: 1. May execute an instrument transferring real property held in the name of the company. a. Granted to: Roland St. Louis, Manager b. No authority granted to:

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

a. Granted to: Roland St. Louis, Manager

b. No authority granted to:

Signature of authorized representative

Roland St. Louis

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)