

L16000 115215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

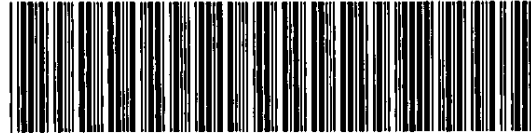
(Business Entity Name)

(Document Number)

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ARAN CORREA & GUARCH, P.A.

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Please reply to:
Coral Gables Office

July 1, 2016

OCEAN REEF OFFICE
31 Ocean Reef Drive
Suite C-208
Key Largo, Florida 33037
(305) 367-2500

CARY HERRERA
EMAIL: CHERRERA@ACG-LAW.COM

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

RE: DP at 6901, LLC, a Florida limited liability company
Statement of Authority

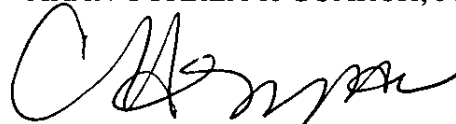
Dear Sir or Madam:

The undersigned encloses herewith our firm's check number 1004 in the amount of \$25.00 to pay for the filing of the Statement of Authority for the above referenced client.

Once the filing has been completed, please return the original document in the self-addressed envelope provided.

Thank you for your attention to this matter, if you have any questions or comments please do not hesitate to contact the undersigned.

Very truly yours,
ARAN CORREA & GUARCH, P.A.



Cary Herrera
Legal Assistant

/ch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DP at 6901, LLC

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:

Fernando S. Aran, Esq.

Name of Person

Aran Correa & Guarch, P.A.

Firm/Company

255 University Drive

Address

Coral Gables, FL 33134

City/State and Zip Code

cherrera@acg-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando S. Aran

at (305)

665-3400

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

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 limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: DP at 6901, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000115215

THIRD: The street address of the limited liability company's principal office is:
6901 NW 43 Street
Miami, Florida 33166

The mailing address of the limited liability company's principal office is:
6901 NW 43 Street
Miami, Florida 33166

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: Alfredo Gilbert

b. No authority granted to: N/A

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

a. Granted to: Alfredo Gilbert

b. No authority granted to: N/A

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TALLAHASSEE, FLORIDA


Signature of authorized representative

Alfredo Gilbert
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)