

L16 CCC 129845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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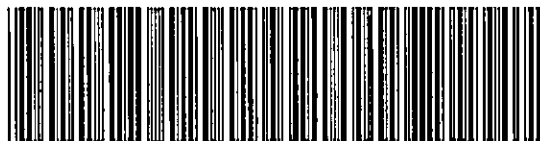
(Business Entity Name)

(Document Number)

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JUN 30 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medici Hotels 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:

Gregory B. Taylor

Name of Person

Gregory B. Taylor, P.A.

Firm/Company

2192 Wilton Drive

Address

Wilton Manors, Florida 33305

City/State and Zip Code

taylor@gtpalaw.com

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

For further information concerning this matter, please call:

Gregory B. Taylor at (904) 763-6553
Name of Person Area Code Daytime Telephone Number

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: Medici Hotels LLC

SECOND: The Florida Document Number of the limited liability company is: L16000129848

THIRD: The street address of the limited liability company's principal office is:

1021 NE 13th Avenue

Fort Lauderdale, Florida 33304

The mailing address of the limited liability company's principal office is:

719 NE ~~13th~~ Avenue 17th Court

Fort Lauderdale, Florida ~~33304~~ 33305 DM

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: David E. Medici, 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: David E. Medici, Manager

b. No authority granted to: _____


Signature of authorized representative

David E. Medici, Manager

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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