

L16 000218288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

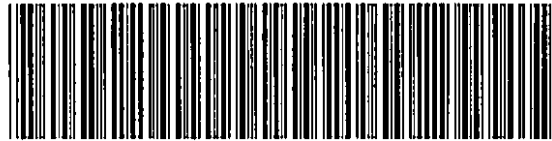
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RH 6327, 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:

CAROL ZMUDA

\_\_\_\_\_  
Name of Person

ROSEN HOTELS & RESORTS, INC.

\_\_\_\_\_  
Firm/Company

4000 DESTINATION PARKWAY

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

CZMUDA@ROSENHOTELS.COM

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

For further information concerning this matter, please call:

CAROL ZMUDA	407	996-9840
_____	at ( _____ )	_____
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: RH 6327, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000218288

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

4000 DESTINATION PARKWAY

ORLANDO, FL 32819

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

4000 DESTINATION PARKWAY

ORLANDO, FL 32819

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status 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: HARRIS ROSEN - MANAGER  
FRANK A. SANTOS - 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: HARRIS ROSEN - MANAGER  
FRANK A. SANTOS - MANAGER

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

FRANK A. SANTOS - MANAGER

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)