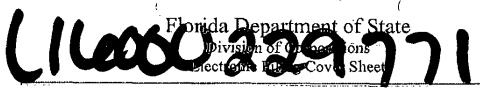
Fax: (305) 815-1371

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Division of Corporations



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Fax Number

: (850)617-6383

From:

Account Name

: BALDY MARTINEZ

Account Number : 120110000042

Phone

: (305)454-5804

Fax Number

: (305)454-5808

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI INVESTMENTS AA, LLC

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Page 2 of 3 03/30/2018 10 17 AM

## COVER LETTER

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The enclosed Statement of Authority and fee(s) are	submitted for fil	ing.	
Please return all correspondence concerning this man	atter to the follow	ving:	•
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Baldy Martinez Esq.			
Name of Person			
Baldy Martinez P.A.			
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1999 SW 27 Avenue, 1st Floor			
Address			
Miami FL 33145			
City/State and Zip Code	·····		
bm@baldylaw.com			
E-mail address: (to be used for future ann	ual report notific	ation)	
For further information concerning this matter, ple	nse call:		
Baldy Martinez Esq.	at (		4545-5804
Name of Person	Area Co	ď≎	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

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

authority	
FIRST:	The name of the limited liability company is: MIAMI INVESTMENTS AA, LLC
SECON	D: The Florida Document Number of the limited liability company is: L16000229771
THIRD;	The street address of the limited liability company's principal office is: 1390 Brickell Avenue Suite 200
	Miami, FL 33131
	The mailing address of the limited liability company's principal office is:  1390 Brickell Avenue Suite 200
	Miami, FL 33131
	. POW Y
	1. May execute an instrument transferring real property held in the name of the compart to:  a. Granted to:  Carlos J Zepeda
	b. No authority granted to: N/A
2	2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
	a. Granted to:
	b. No authority granted to: N/A
J.	Arturo Araujo
Signulare	of authorized representative  Typed or printed name of signature Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

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