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COVER LETTER

TO: Registration Section Division of Corporations

Sea Gate 0170, 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:

Lawrence J. Puyanic

Name of Person

Sea Gate 0170, LLC

Firm/Company

717 Ponce de Leon Boulevard, Suite 330

Address

Coral Gables, FL 33134

City/State and Zip Code

admin@waldcastillo.com

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

For further information concerning this matter, please call:

Lawrence J. Puyanic	305	662-1212
	_ at ()
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 G- AGN UL

PH IO

CR2E138 (2/14)

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: Sea Gate 0170, LLC

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

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

717 Ponce De Leon Blvd.

Suite 330

1

Coral Gables, FL 33134

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

717 Ponce De Leon Blvd.

Suite 330

Coral Gables, FL 33134

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: NOA -2 EW15: 5P

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Lawrence J. Puyanic

No authority granted to: _____ b.

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

Granted to : Lawrence J. Puyanic a.

No authority granted to: _____ b.

Signature of authorized representative

Lawrence J. Puyanic

Typed or printed name of signature

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

CR2E138 (2/14)