

L17000010214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

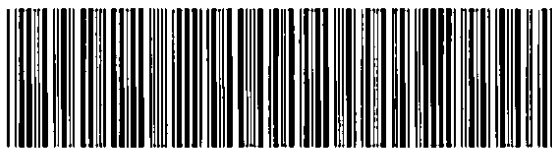
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Y SULKER  
JAN 06 2022

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/05/2022

**\*\*WALK IN\*\***

ENTITY NAME Grace Estate LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$55

ACCOUNT #: I20160000072

*S. R. F/M*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## 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: GRACE ESTATE LLC

**SECOND:** The Florida Document Number of the limited liability company is: L17000010214

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

900 16TH STREET

APT 101

MIAMI BEACH, FL 33139

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

900 16TH STREET

APT 101

MIAMI BEACH, FL 33139 JOSEPH B. RYAN III, ESQ.

**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: JOSEPH B. RYAN III, ESQ.

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: \_\_\_\_\_

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

*Sniazhana Michellier*

dataoaa verified  
01/05/22 10:22 AM GST  
FRG-FQCN-WTBN-UICA

Signature of authorized representative

SNIAZHANA MICHELLIER

Typed or printed name of signature