L17000020538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

APR 27 2018

Andre Jordan
Requester's Name

1400 Village Sq
Address

TLH FL 528-5232
City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Blockwell-Aaron Properties LLC L17000020538
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

5. _____
(Corporation Name) (Document #)

6. _____
(Corporation Name) (Document #)

7. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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: Blockwell-Aaron Properties, LLC

SECOND: The Florida Document Number of the limited liability company is: L17000020538

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

8567 Coral Way Suite 485

Miami, FL 33155

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

8567 Coral Way Suite 485

Miami, FL 33155

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TALLAHASSEE, FLORIDA

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: Maykel Segui
   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 : Maykel Segui
   b. No authority granted to:

John Aaron
Signature of authorized representative

John Aaron for Aaron Organization, Inc
Typed or printed name of signature

O. E Broche
Signature of authorized representative

Osvaldo E Broche for Blockwell Group, LLC
Typed or printed name of signature

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

CR2E138 (2/14)