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| (Re | questor's Name) | | |
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| PICK-UP | WAIT | MAIL | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|------------------------------------|
| 42ND AVENUE 315, LLC SUBJECT: | |
| Name of Limited I. | liability Company |
| Dear Sir or Madam: | |
| The enclosed Statement of Authority and fee(s) are submitted | ted for filing. |
| Please return all correspondence concerning this matter to t | the following: |
| Melinda Osborne, Real Estate Paralegal | |
| Name of Person | |
| Sapurstein & Bloch, P.A. | |
| Firm/Company | |
| 9700 South Dixie Hwy., #1000 | |
| Address | |
| Miami, Fl. 33156 | |
| City/State and Zip Code | |
| rdumenigo@bellsouth.net | SECRETARY ALL AHASSE |
| E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter, please call: | m _e m |
| Melinda Osborne | 305 670-9500 FS T |
| 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

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| authority: | | | of . |
|-------------|--|---|------|
| FIRST: | The name of the limited liability company is: 42N | D AVENUE 315, LLC | |
| SECOND | D: The Florida Document Number of the limited lia | bility company is: L17000047282 | |
| THIRD: | The street address of the limited liability company's 1200 ALTON ROAD | | |
| - ! - | MIAMI BEACH, FL. 33139 | | |
| - | The mailing address of the limited liability compar | ny's principal office is: | |
| _ _ _ | MIAMI BEACH, FL. 33139 | | |
| position o | II: This statement of authority grants or sets limitation of a person in a company, whether as a member, transite the following: | sferee, manager, officer or otherwise or to a specific | : |
| 1 | | GO ALLAHAS | بطبت |
| | b. No authority granted to: | | |
| 2 | 2. May enter into other transactions on behalf of a Granted to: | or otherwise act for or bind, the company. NIGO | O |
| | b. No authority granted to: | | |
| | Muyo | RODOLFO DUMENIGO | |
| Signature | of adhorized representative Filing Fee: Certified Copy: | Typed or printed name of signature \$25.00 \$30.00 (optional) | |