L17000062433

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , , , ,			
(Document Number)			
(Excernent Number)			
Certified Copies Certificates of Status			
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COVER LETTER

Division of Corporations			
SM RUSKIN DEVELOPMENT, LLC SUBJECT:			
Name of Limited L	iability Compa	пу	•
Dear Sir or Madam:			
The enclosed Statement of Authority and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this matter to t	he following:		
BRIAN ROSE		Effective 1/1/202	
Name of Person		Effecti	
SM RUSKIN DEVELOPMENT, LLC		1/1/202	עי
Firm/Company		7/1/	
111 S. ARMENIA AVE.; SUITE 201			
Address			
TAMPA, FL 33609			
City/State and Zip Code			5.3
BROSE@EISENHOWERPROPERTYGROUP.COM			
E-mail address: (to be used for future annual repo	rt notification)		1
For further information concerning this matter, please call:			o je ™ ≘
BRIAN ROSEat (_	813	610-3043	
Name of Person	Area Code	Daytime Telephone Number	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of

authority	CA1 DIIC	KIN DEVELOPMENT, LLC	
FIRST:	The name of the limited liability company is:	NII VIS VEDOVINENT, EDG	
SECONI	D: The Florida Document Number of the limited liability	L17000062433	
THIRD:	The street address of the limited liability company's prir 111 S. ARMENIA AVE.	ncipal office is:	
	SUITE 201		
	TAMPA, FL 33609		
	The mailing address of the limited liability company's partial S. ARMENIA AVE.	principal office is:	
	SUITE 201		
	TAMPA, FL 33609		
position of person of	H: This statement of authority grants or sets limitations of a person in a company, whether as a member, transferenthe following: 1. May execute an instrument transferring real property a. Granted to: NICHOLAS J. DISTER	the, manager, officer or otherwise or to a specific the held in the name of the company.	
	b. No authority granted to:		
	May enter into other transactions on behalf of, or oth a. Granted to: NICHOLAS J. DISTER		
	b. No authority granted to:		
	Vu.	JEFFERY S. HILLS	
Signatur	e of authorized representative Filing Fee: \$25 Certified Copy: \$30	Typed or printed name of signature 5.00 0.00 (optional)	

CR2E138 (2/14)