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O CHAMONS

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	2924 WEST FLAGLER STREET	L LC	
SUBJE	Name of Limited	Liability Comp	pany'
Dear Sir	or Madam:		
The enc	losed Statement of Authority and fee(s) are submi	tted for filing.	
Please re	eturn all correspondence concerning this matter to	the following:	
EDUA	ARDO BAREA		
	Name of Person		
2924	WEST FLAGLER STREET LLC		
	Firm/Company		
2263	SW 12th St		
	Address		
Miami	i, FL 33135		
	City/State and Zip Code		
Eddyt	oarea@ibiley.com		
	E-mail address: (to be used for future annual rep	ort notification)
For furth	her information concerning this matter, please cal	l:	
Eduar	rdo Barea	,305	775-1200
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division of P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

uthority:	o section 605.0302(1), Florida S				
IRST: T	he name of the limited liability	company is: 2924 W	EST FLAGLER	STREET LLC	
COND	: The Florida Document Number	er of the limited liability	company is: <u>L170</u> (00164166	
HRD:	The street address of the limited	liability company's princ	cipal office is:		
_	2263 SW 12th STRE	EET			
_	MIAMI, FL 33135	5 			
_	The mailing address of the limit	ted liability company's pr			
	2263 SW 12th STRE	SET			
	MIAMI, FL 33135	Š			
_					17 160
					= 5
1.	May execute an instrument tra a. Granted to: <u>EDUA</u>		eld in the name of the	company.	17 NOV 20 PH 1: 22
	b. No authority granted	I to:			
2.	May enter into other transacti		rwise act for or bind, (the company.	
	a. Granted to:EDC	<u> </u>			
	b. No authority granted	to:			
5	Alexander				
gnature qu	f authorized representative	- →	EDUARDO B	AREA name of signature	-
Rustnico	aupenized representative	Filing Fee: \$25.0		manic or signature	

CR2E138 (2/14)