L17000173367

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Y SULKER

TO:	Registration Section Division of Corporations		
	401 RIDGEWOOD, LLC		
SUBJE	CT: Name of L	imited Liability Com	pany
Dear Si	ir or Madam:		
The end	dosed Statement of Authority and fee(s) are	submitted for filing.	
Please r	return all correspondence concerning this m	atter to the following	:
Migue	el Angel Quintero, President		
	Name of Person	······································	
401 F	RIDGEWOOD, LLC		
	Firm/Company		
РО В	ox 49718		
	Address		
KEY	BISCAYNE, FLORIDA 33149		
	City/State and Zip Code		
MIGL	JELQUINTERO99@HOTMAIL.C	ОМ	
	E-mail address: (to be used for future ann	ual report notification	n)
For furt	her information concerning this matter, plea	ase call;	
Migue	el Angel Quintero, P.	954 at (214-3457
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrat Division P.O. Box	GG ADDRESS: ion Section of Corporations 6327 see, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

rursuant authority:		95.0302(1), Florida Statutes, t	•	• •	ng statement of
FIRST:	The name (f the limited liability company	/ is:	EWOOD, LLC	
SECONI	D: The Flor	ida Document Number of the	limited liability cor	117000173367	
		address of the limited liability W 7TH AVENUE	company's princip	al office is:	
-	MIAMI G	ARDENS, FLORIDA 3	3169		
-	The mailing PO BOX	ng address of the limited liabil	ity company's princ	ripal office is:	
-	KEY BIS	CAYNE, FLORIDA 331	49		
position o person on	of a person in the follow:	ecute an instrument transferrir MIGUEL ANG	mber, transferee, m	anager, officer or otherwise o	r to a specific
		ALEJANDRO RODER	RIGUEZ BLAN	CO, AS MANAER	4:1 6:4
	h.	No authority granted to:	ARIA CRISTINA	A QUINTERO	9
3	May enter into other transactions on behalf of, or otherwise act for or bind, the company. MIGUEL ANGEL QUINTERO, AS MANAGER a. Granted to: ALEJANDRO RODERIGUEZ BLANCO, AS MANAER				
	b.	No authority granted to:	ARIA CRISTINA	AQUINTERO	
A	Юu,	into		MIGUEL ANGEL QUINT	
Signature	of authoriz	ed representative Filing Certif	Fee: \$25.00 ied Copy: \$30.00	Typed or printed name of s (optional)	signature