## 117000176776

(Req	uestor's Name)		
(Add	ress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
/Pue	inges Entity Nar	me)	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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TALLAHASSEL FINDS

## **COVER LETTER**

	gistration Section vision of Corporations			
	Tacolcy Garden Walk I Ma	naging Member, l	_LC	
SUBJECT:		Limited Liability Com	pany	
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee(s)	are submitted for filing.		
Please retur	n all correspondence concerning this	matter to the following	:	
Michell F	eanny			
	Name of Person			
Edwards	& Feanny, P.A.			
	Firm/Company			
9580 SV	V 107th Avenue, Suite 204B			
	Address			
Miami, F	lorida 33176			
	City/State and Zip Code			
mfeanny	@eclawfirm.com			
E-	mail address: (to be used for future a	nnual report notification	n)	
For further	information concerning this matter, p	olease call:		
Michell F	eanny	305	<sup>595-7641</sup>	
	Name of Person	Area Code	Daytime Telephone Number	
ST	REET/COURIER ADDRESS:	MAILIN	MAILING ADDRESS:	

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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

## STATEMENT OF AUTHORITY

authority:	nited liability company submits the following statement of
FIRST: The name of the limited liability company is:	acolcy Garden Walk I Managing Member,
SECOND: The Florida Document Number of the limite	d liability company is:
THIRD: The street address of the limited liability comp 675 NW 56th Street, Bldg C	nany's principal office is:
Miami, Florida 33127	
The mailing address of the limited liability co	mpany's principal office is:
Miami, Florida 33127	
person on the following:	I property held in the name of the company.  Althorates an appearing the company.  Althorates angela Kelly, Cheryl Nemrod  Althorates and Alt
b. No authority granted to:	E FLORIDA
	f of, or otherwise act for or bind, the company.  Angela Kelly, Cheryl Nemrod
b. No authority granted to:	
Carol Gardner	Carol Gardner
Signature of authorized representative  Filing Fee:  Certified C	Typed or printed name of signature \$25.00 Copy: \$30.00 (optional)

CR2E138 (2/14)