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COVER LETTER

Registration Section

TO:

Division of Corporation	ons		•	
	LINIOUE D	EVELODMEN	→	
SUBJECT:		EVELOPMEN led Liability Con		
Dear Sir or Madam:		•		
The enclosed Statement of Aut	hority and fee(s) are sub	omitted for filing		
Please return all correspondence	e concerning this matte	r to the following	ā :	
Francis	co A. Neri			
Name	of Person		-	
UNIQUE DE	VELOPMENT, LLC		_	
Firm/C	Company			
936 SW 1ST			_	
Add	ress			
MIAMI,	FL 33130			
City/State and	l Zip Code		-	
uniquede	vel@gmail.com			
E-mail address: (to be	used for future annual	report notificatio	n)	
For further information concern	ing this matter, please (call:		
Francisco A.	Neri	at (+1) (7	72) 913-5401
Name of Pers	OH	Area Code	Daytim	e Telephone Number
Mailing Address:			Street Ado	
Registration Section			Registratio	
Division of Corpor	ations			of Corporations
P.O. Box 6327	21.4			e of Tallahassee
Tallahassee, FL 32	314			Ionroe Street, Suite 810 ee, FL 32303

STATEMENT OF AUTHORITY

authority	:		orida Statutes, this lim				atement of
FIRST:	The name	of the limited lia	ability company is:	UNIQUE DE\	/ELOPMENT	, LLC	
SECON	D: The Flo	rida Document ì	Number of the limited	I liability compar	ıy is: <u>L17000</u>)201327	_
THIRD:	The street	address of the li	imited liability compa	ıny's principal ot	fice is:		
	2650 S\	V 27th AV 30	1, MIAMI, FL 331	33		ഗ	26
						TECH ECH ECH ECH ECH ECH ECH ECH ECH ECH	Z Z
						7 =	10V 22
		ng address of th	e limited liability con	npany`s principal		—— エスSSE	2021 NOV 22 AM 7: 04
	_936 SV	/ 1ST AVE #	109, MIAMI, FL 3	3130			7: 9 STATE
				<u>.</u>			7.14
position o person or	of a person i the follow	in a company, wing: ing: secute an instrun	rity grants or sets lim thether as a member, ment transferring real	transferee, mana	ger, officer or ot	herwise or to	
	a.	Granted to:	Francisco A. Neri				
	b.	No authority g	granted to:				
	2. May e a.		ransactions on behalf Francisco A. Nei		act for or bind, th	he company.	
	b.	No authority g	granted to:				
h	BI				William	——— E. Branz	
Signature	of anthoriz	ed representativ	Filing Fee:	\$25.00 opy: \$30.00 (opt	Typed or printed		ature

CR2E138 (2/14)