	. (49)14 9177 24111 28129 17191 2849 1719 1971 4971 2112 2771 31118 2711 779241 11816 (8116 1) 1871
(Requestor's Name)	
(Address)	600313275666
(Address)	000010270000
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
rtified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	<del>.</del>



May 16, 2018

ROXANA SEJAS 80 IRONWOOD WAY N PALM BEACH GARDENS, FL 33418

SUBJECT: IRONWOOD WAY LLC Ref. Number: L18000022664

We have received your document for IRONWOOD WAY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the name of the person you are granting authority to execute business for entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 518A00010201

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www.sunbiz.org

Division of Componentiana, DO ROY 6297 Tallahaagaa Flavida 29214

## COVER LETTER

TO: Registration Section Division of Corporations

TRONWOOD WAY OD WAY LVC Name of Limited Liability Company SUBJECT: \_\_\_\_

Dear Sir or Madam:

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.

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxana Sejas.				
Name of Person U				
Firm/Company				
80 Ironwood way N. Address				
Palm Beach Gurdens, FL 33418. City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Roxanci	Sejas	at ( +34 698 )	235719
	Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

## STATEMENT OF AUTHORITY

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

FIRST: The name of the limited liability company is: IRONWOOD WAY UC.

1 .

SECOND: The Florida Document Number of the limited liability company is: L18000022664

THIRD: The street address of the limited liability company's principal office is:

<u>FRONLUOOD WAY N.</u> BEACH GARDENS, FL 33418 The mailing address of the limited liability company's principal office is: RONWOOD WAY 80 N. (ب) BEACH GARDENS, FL 33418 2 11.13 q.

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

E. May execute an instrument transferring real property held in the name of the company,

Koxana <u>Dejas</u> a. Granted to: Grecia Blanco b. No authority granted to: \_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company,

120xana a. Granted to : Greck Blanco Se b. No authority granted to: \_\_\_\_

Signature of authorized representative

<u>precia Blanco</u> Se Fas

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)