## L/800056/01

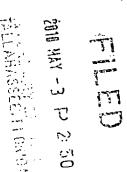
| (Requestor's Name)                      |                    |           |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|
| (Ad                                     | dress)             |           |  |  |  |  |
| (Ad                                     | dress)             |           |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |  |  |
| (Document Number)                       |                    |           |  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
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|   |                    |           |  |  |  |  |

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2018

ANDRE TARRAF 19008 SW POSITANO WAY PORT ST LUCIE, FL 34986

SUBJECT: TREASURE COAST LAND OPERATIONS LLC

Ref. Number: L18000056101

We have received your document for TREASURE COAST LAND OPERATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00007708

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DEPARTMENT OF STALL

OLY ISION OF SCENE FLOW

## **COVER LETTER**

| TQ:      | Registration Section Division of Corporations  |                                   |  |                 |   |
|----------|--|-----------------------------------|--|-----------------|---|
| SUBJE    | Treasure Coast Land Operation  | s LLC                             |  |                 |   |
| SUBJE    | Name of Limite   | d Liability Com                   | ipany  | <u> </u>        |   |
| Dear Si  | r or Madam:  |                                   |  |                 |   |
| The end  | closed Statement of Authority and fee(s) are subr  | nitted for filing.                |  |                 |   |
| Please 1 | return all correspondence concerning this matter   | to the following                  | ŗ;   |                 |   |
| Andre    | e Tarraf   |                                   |  |                 |   |
|          | Name of Person   |                                   | -  |                 |   |
| Treas    | sure Coast Land Operations LLC   |                                   |  |                 |   |
|          | Firm/Company   |                                   | -  |                 |   |
| 19008    | 8 SW Positano Way  |                                   |  |                 |   |
|          | Address  |                                   | •  |                 |   |
| Port S   | St. Lucie, FL 34986  |                                   |  |                 |   |
|          | City/State and Zip Code  |                                   | •  |                 |   |
| andre    | e-tarraf@hotmail.com   |                                   |  |                 |   |
|          | E-mail address: (to be used for future annual re   | eport notification                | n)   |                 |   |
| For furt | ther information concerning this matter, please ca   | all:                              |  |                 | mediani   |
| Andre    | e Tarraf   | 772                               | 626-3203   |                 | l i<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>marie<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma<br>ma |
|          | Name of Person   | Area Code                         | Daytime Telepl   | hone Number     | g<br>g  |
|          |  |                                   |  | The T           | 10 mmm  |
|          | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registrat<br>Division<br>P.O. Box | NG ADDRESS:<br>tion Section<br>of Corporations<br>& 6327<br>see, Florida 32314 | 2: 50<br>CDAISA |   |

## STATEMENT OF AUTHORITY

| authority | <i>7</i> :                  | 05.0302(1), Florida Statutes, th  |                              |                            | •                   | nt of      |
|-----------|-----------------------------|---|------------------------------|----------------------------|---------------------|------------|
| FIRST:    | The name of                 | of the limited liability company  | is: Treasure                 | Coast Land Opera           | tions LLC           |            |
| SECON     | D: The Flor                 | rida Document Number of the l   | imited liability co          | ompany is: <u>L1800005</u> | 6101                |            |
|           | : The street                | address of the limited liability W Positano Way                           |                              |                            |                     |            |
|           | Port St. I                  | Lucie, FL 34986   |                              |                            |                     |            |
|           |                             | ng address of the limited liabili W Positano Way                          | ty company's pri             | ncipal office is:          |                     |            |
|           | Port St. I                  | Lucie, FL 34986   |                              |                            |                     |            |
| position  | of a person<br>n the follow | tement of authority grants or se<br>in a company, whether as a me<br>ing: | mber, transferee,            | manager, officer or othe   | erwise or to a spec |            |
|           | a.                          | Granted to:   |                              | ed in the name of the ec   |                     | - N CT   1 |
|           | b.                          | No authority granted to:  |                              |                            | T T                 |            |
|           | 2. May e                    | nter into other transactions on b<br>Granted to : Ivani Gazqu             |                              | wise act for or bind, the  | 등급 않                |            |
|           | b.                          | No authority granted to:  |                              |                            |                     |            |
|           | Lgo                         | squeen.   |                              | Andre Tarraf               |                     | _          |
| Signatur  | e of authoriz               | Filing  | Fee: \$25.0 ied Copy: \$30.0 |                            | ame of signature    |            |

CR2E138 (2/14)