

L18000139290

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00

AUTHORIZATION SIGNATURE: 

Medical Centers of Miami, LLC L18000139290

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

☐ INC

AMMENDMENTS

☐ Amendment

☐ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Dissolution/_Reinstatement/Revocation

☐ Trademark

☒ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL CENTERS OF MIAMI LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green, Esq.

305

372-5100

at (

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MEDICAL CENTERS OF MIAMI LLC

SECOND: The Florida Document Number of the limited liability company is: L18000139290

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

6600 COW PEN RD

SUITE 100

MIAMI LAKES, FL 33014

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

6600 COW PEN RD

SUITE 100

MIAMI LAKES, FL 33014

CLERK OF COURT
TALLAHASSEE, FLORIDA

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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:

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


a. Granted to: GARCES, JUAN M.

b. No authority granted to: _____

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

a. Granted to: GARCES, JUAN M.

b. No authority granted to: _____


Signature of authorized representative

Sandra Z. Green, Esq.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)