

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HINSHAW & CULBERTSON LLP

Account Number : I20110000017 Phone : (305)358-7747 Fax Number : (305)577-1063

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_MCalderon@hinshawlaw.com\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FUTURE ARENA INVESTMENTS, LLC

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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FUTURE ARENA INVESTM	ENTS, LLC		
3000		mited Liability Cor	прапу	<del>-</del>
Dear S	ir or Madam:			<b>5.3</b>
The cr	closed Statement of Authority and fee(s) are	submitted for filing	•	1 2 1 2
Please	return all correspondence concerning this ma	tter to the following	g:	12.4 12.4
Maria	a Calderon			-2
	Name of Person	<del></del> -	-	$\triangleright$
Hins	naw & Culbertson LLP			<b>∵</b>
	Firm/Company		-	€0
2525	Ponce de Leon Blvd 4th Floor			
	Address		-	
Cora	Gables, Florida 33134			
	City/State and Zip Code			
MCal	deron@hinshawlaw.com			
	E-mail address: (to be used for future annua	d report notification	n)	
For fur	ther information concerning this matter, pleas	e cali:		
Maria	Calderon	305	358-7747	
	Name of Person	Area Code	Daytime Telephone Number	-
	STREET/COURIER ADDRESS: Registration Section		G 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

CR2E138 (2/14)

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## STATEMENT OF AUTHORITY

authority: FIRST: The name	e of the limited liability company is: FUTURE ARENA INVESTMEN	NTS, LLC
SECOND: The F	forida Document Number of the limited liability company is: L180001473	80 .
THIRD: The stre	et address of the limited liability company's principal office is: ONCE DE LEON BLVD, 4TH FLR	) % (r = ()
CORAL	GABLES, FLORIDA 33134	- -
	iling address of the limited liability company's principal office is: ONCE DE LEON BLVD, 4TH FLR	_ > _ :: ::
CORAL	GABLES, FLORIDA 33134	
position of a persor person on the follo-	execute an instrument transferring real property held in the name of the compa	o or to a specific
ъ.	No authority granted to: FELIPE S. BARITTO LOZANO	<del>-</del>
å.	RICARDO ALBACETE DI BARTOLOMEO	– pany. –
b. /	No authority granted to: FELIPE S. BARITTO LOZANO	
- January of authoriz	FELIPE 5. BAN  Typed or printed name of	eitro L
MANAGER	Filing Fee: \$25,60 Certified Capy: \$30,00 (optional)	i signature