## L18000254512

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A. RIVERS APR 3 0 2023

## COVER LETTER

SUBJECT:	1301 SE 2nd Ct LLC		<u></u>	<del></del>
	Nam	e of Limited Liability Comp	any	
Dear Sir or	Madam:			
The enclose	ed Statement of Authority and fee	(s) are submitted for tiling.		
Please retur	n all correspondence concerning	this matter to the following:		
Linda Kotz	lore'			
1.mga Kotz.	Name of Person			
1301 SE 2r	nd Ct LLC			
	Firm/Company			
1301 SE 2r	nd Ct, #1			
	Address	~		
Ft Lauderd	ale, FL 33301			
	City/State and Zip Code			
lindakotzie	rs@gmail.com			
E-	mail address: (to be used for futt	ire annual report notification	1)	
For further	information concerning this matt	ter, please call:		
Linda Kotz	iers	954 at (	)	
	Name of Person	Area Code	Daytime Telephone	Number

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

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: 1301 SE 2nd Ct LLC **SECOND:** The Florida Document Number of the limited liability company is: L18000254512 THIRD: The street address of the limited liability company's principal office is: 1301 SE 2nd Ct, #1 Ft Lauderdale, FL 33301 The mailing address of the limited liability company's principal office is: 1301 SE 2nd Ct. #1 Ft Lauderdale, FL 33301 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: Linda Kotziers b. No authority granted to: \_\_\_\_\_ May enter into other transactions on behalf of, or otherwise act for or bind, the company. a. Granted to : Linda Kotziers b. No authority granted to: Linda Kotziers gnature of authorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)