1/8000262685

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400321629644

400321629644 12/10/18--01001--007 **25.00

18 DEC -7 PH STATE

8 DEC -7 PH II: 55

K. SALY

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE12/7/2018		##FT/47 F7 Th/##
ENTITY NAME	BRADFORD MOTORS MIAMI LLC	**WALK IN**
ENTITY NAME	2.4. 2.7. 2.7. 2.7. 2.7. 2.7. 2.7. 2.7.	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	1710N	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$25.00	снеск # ⁵⁵²²	_
Please call Tina at	the above number for any issues or concerns. Thank you so	much!

COVER LETTER

TO: Registration Section Division of Corporations						
BRADFORD MOTORS MIAN	MI LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Statement of Authority and fee(s) are	submitted for filing.					
Please return all correspondence concerning this ma	tter to the following.	:				
GRYSKA SOTOLONGO						
Name of Person						
THOMAS G. SHERMAN, P.A.						
Firm/Company						
90 ALMERIA AVENUE						
Address						
CORAL GABLES, FL 33134						
City/State and Zip Code						
GRYSKA@UNIONTITLESERVICES.C	ОМ					
E-mail address: (to be used for future annu	al report notification	<u> </u>				
For further information concerning this matter, plea	se call:					
GRYSKA SOTOLONGO	305	448-5898 EXT. 204				
Name of Person	Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations					
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314					

STATEMENT OF AUTHORITY

FIRST: The name	of the limited liability company is:	ADFORD MOTORS MIAMI	LLC
			 35
SECOND: The Flo	orida Document Number of the limited l	niability company is:	
	t address of the limited liability compan ERIA AVENUE	y's principal office is:	- B
CORAL	GABLES, FL 33134		_
The mell			
	ing address of the limited liability comp ERIA AVENUE	nany's principal office is:	
CORAL	GABLES, FL 33134		
position of a person person on the follow	xecute an instrument transferring real programmed GUITI-SADAT MIR	ansferee, manager, officer or otherwis	e or to a specific
b.			_
2. May e a.	Granted to:		 pany. _
b.	No authority granted to:		- - -
		AFSANEH MIRALI	GILAK
Signature of authori	Filing Fee:	Typed or printed name of \$25.00 y: \$30.00 (optional)	of signature

CR2E138 (2/14)