(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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COVER LETTER

	gistration Section vision of Corporations	•	
	9799 SOUTH DIXIE LLC		
SUBJECT:	Name of Li	mited Liability Con	npany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s) are	submitted for filing	
Please retur	m all correspondence concerning this ma	atter to the following	Ţ.
JACQUE H	IUTTOE		
	Name of Person		-
9799 SOUT	TH DIXIE LLC		
	Firm/Company		-
1172 S. DE	XIE HIGHWAY, SUITE 463		
	Address		-
CORAL G	ABLES, FLORIDA 33146		
	City/State and Zip Code		-
JACQUEH	UTTOE@GMAIL.COM		
E-	mail address: (to be used for future annu	ual report notificatio	n)
For further	information concerning this matter, plea	ise call:	
JACQUE I	IUTTOE	305	979-2421
	Name of Person	Area Code	Daytime Telephone Number
M	ailing Addross:		Street Address:
	ailing Address: egistration Section		Street Address: Registration Section
Division of Cornerations			Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

authority:	, , ,
FIRST: The name of the limited liability company is: 979	SOUTH DIXIE ELC
SECOND: The Florida Document Number of the limited i	fiability company is:
THIRD: The street address of the limited liability compan 1172 S. DIXIE HIGHWAY, SUITE 463	y's principal office is:
CORAL GABLES, FLORIDA 33146	
The mailing address of the limited liability comp	
CORAL GABLES, FLORIDA 33146	129 PH 1:15
FOURTH: This statement of authority grants or sets limits position of a person in a company, whether as a member, to person on the following: 1. May execute an instrument transferring real person of the following in the follow	ations of authority on all persons having the status or 5 ransferee, manager, officer or otherwise or to a specific roperty held in the name of the company.
b. No authority granted to: CHARLES	HUTTOE
2. May enter into other transactions on behalf of a. Granted to:	
b. No authority granted to: CHARLES	HUTTOE
Mart	JACQUE HUTTOE
Signature of authorized representative Filing Fee: Certified Cop	Typed or printed name of signature \$25.00 by: \$30.00 (optional)