# L19000150116

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## **COVER LETTER**

Division of Corporations			
EASYINVEST 3 LLC			
	of Limited Liability Cor	npany	<u> </u>
Dear Sir or Madam:			
he enclosed Statement of Authority and fee(s	s) are submitted for filing	<b>;</b> -	
Please return all correspondence concerning th	nis matter to the following	ā:	
PATTY CRISSY			
Name of Person		_	
BROWARD TITLE COMPANY			
Firm/Company		_	
4700 SHERIDAN ST., BLDG. I			
Address		_	
HOLLYWOOD, FL 33021			
City/State and Zip Code		<b>-</b>	
NICOLASBEACHFRONT@GMAIL.COM			
E-mail address: (to be used for future	annual report notification	en)	
For further information concerning this matter	, please call:		
PATTY CRISSY	954 at (	983-2866	
Name of Person	Area Code	Daytime Telephor	e 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

TO:

Registration Section

# STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Figure 11.00 authority:	orida Statutes, this limited	liability company submits the f	ollowing statement of
FIRST: The name of the limited l	ability company is: EASY	YINVEST 3 LLC	
SECOND: The Florida Document	Number of the limited lia	bility company is:	16
THIRD: The street address of the 7601 EAST TREASURE	• •	s principal office is:	
MIAMI BEACH, FL 331	41	<u>.</u>	_
The mailing address of t	he limited liability compar	ny's principal office is:	
FOURTH: This statement of auth position of a person in a company, person on the following:			
<del>-</del>		perty held in the name of the col	•
b. No authority	granted to: NONE		ZO19 DEL SECRET
·	transactions on behalf of. o	or otherwise act for or bind, the	companys -9 AM
b. No authority	granted to: NONE	<del></del>	——————————————————————————————————————
		NICOLAS C. BERLI	IOZ.
Signature of authorized representat	Filing Fee:	Typed or printed na \$25.00 \$30.00 (optional)	me of signature