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| (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL MAIL | | | |
| (Bt | ısiness Entity Nan | ne) | | | |
| | | | | | |
| (Document Number) | | | | | |
| rtified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| Office Use Only | | | | | |



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------|---|---------------------------|---|
| CHDI | 2901 WYNWOOD, LLC | | |
| SUBJ | | Limited Liability Cor | mpany |
| Dear S | Sir or Madam: | | |
| The er | nclosed Statement of Authority and fee(s) a | are submitted for filing | g. |
| Please | return all correspondence concerning this | matter to the followin | ng: |
| OLIV | ER L. GROSS | | |
| | Name of Person | | _ |
| NEW | URBAN DEVELOPMENT, LLC | | |
| | Firm/Company | | _ |
| 8500 | NW 25TH AVENUE | | |
| | Address | _ | _ |
| MIAN | 41, FL 33147 | | |
| | City/State and Zip Code | | _ |
| oliver | g@nudllc.org | | |
| | E-mail address: (to be used for future ar | nnual report notification | on) |
| For tu | rther information concerning this matter, p | lease call: | |
| Marva | a L. Wiley, Esq. | 786 at (| 536-4612 |
| | Name of Person | Area Code | Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section Division of Corporations | | Registration Section Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E138 (2/14)

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(1), Florida Statuauthority: | ates, this limited liability | y company submits the fo | ollowing statement of |
|---|--|-------------------------------------|------------------------------|
| FIRST: The name of the limited liability cor | npany is: 2901 WYNW | VOOD, LLC | |
| SECOND: The Florida Document Number of | of the limited liability co | | 3 |
| THIRD: The street address of the limited lia 8500 NW 25 AVENUE | bility company's princi | pal office is: | |
| MIAMI, FL 33147 | | | |
| The mailing address of the limited 8500 NW 25 AVENUE | | ncipal office is: | |
| MIAMI, FL 33147 | | | |
| FOURTH: This statement of authority grant position of a person in a company, whether as person on the following: 1. May execute an instrument trans a. Granted to: OLIVER 1. | s a member, transferce. sferring real property he | manager, officer or other | wise or to a specific upany. |
| | D: | | 2021 ALIE 16 PH 2: 42 |
| May enter into other transaction a. Granted to: OLIVER | | wise act for or bind, the o | company. F |
| b. No authority granted to |); <u> </u> | | |
| Signature of authorized representative | */ | OLIVER L. GROSS Typed or printed na | one of signature |
| ا | Filing Fee: \$25.0 Certified Copy: \$30.0 | 0 | |

CR2E138 (2/14)