L20000212673

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

	ration Section on of Corporatio	ons				
SUBJECT:	Will	ROBIN				LLC
		ivame o	i timiited tiiai	hility Compan	iý.	
Dear Sir or Mac	iam:					
The enclosed St	atement of Aut	hority and fee(s)	are submitted	for filing.		
Please return all	correspondenc	e concerning this	matter to the	following:		
Colleen	Gour Name	of Person				
Re-Bu	iild Pr	Opertie.	3 LLC			
7741	N Wil	itary T	<u>rl, S</u>	nite 1		
Palm Be	ACH 60 City/State and	<u>ardens,</u> d Zip Code	FL 3	3410)	
		2 – Bui used for future a		notification)		
For further info	mation concerr	ting this matter, p	olease call:			
Willia	n Fern Name of Pers	andes _	at (56) _ rea Code	855- Daytime Tele	2037

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

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: WIII ROBIN REAL
ESTATE 1 LLC
SECOND: The Florida Document Number of the limited liability company is: L20000212673
THIRD: The street address of the limited liability company's principal office is:
7741 N Military Trl, Suite
17741 N Military Tr1, Suite 1 West Palm Beach, FL 33410
The mailing address of the limited liability company's principal office is:
West Palm Beach, FL 33410
West talm Beach, +L 53910
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: <u>Maxina Graeve</u>
b. No authority granted to:
May enter into other transactions on behalf of, or otherwise act for or bind, the company,
a. Granted to: Willian Fernandes
b. No authority granted to:
MILLIAN FERNANDES Signature of authorized representative Typed or printed name of signature
Signature of authorized representative Typed or printed name of signature Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)