

h21 000 189 401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

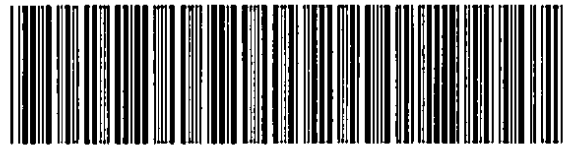
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alcian LLC  
\_\_\_\_\_  
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 matter to the following:

Anh Khoa Pham

\_\_\_\_\_  
Name of Person

Alcian LLC

\_\_\_\_\_  
Firm/Company

6115 Tidewater Dr Apt 455

\_\_\_\_\_  
Address

Norfolk, VA 23509

\_\_\_\_\_  
City/State and Zip Code

akp@alcian.co

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anh Pham

603

892-6418

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone 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

### 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: Alcian LLC

**SECOND:** The Florida Document Number of the limited liability company is: L21000189401

**THIRD:** The street address of the limited liability company's principal office is:

7551 SW 161ST PL

MIAMI, FL 33193

The mailing address of the limited liability company's principal office is:

7551 SW 161ST PL

MIAMI, FL 33193

**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:

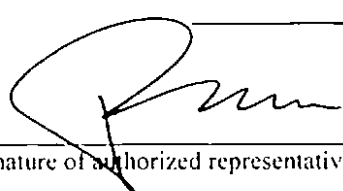
a. Granted to: Anh Khoa Pham

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company:

a. Granted to: Anh Khoa Pham

b. No authority granted to: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Anh Khoa Pham

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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