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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	114-119 NE 20TH LLC				
3000		Limited Liability Cor	npany		-
Dear S	ir or Madam:				
The en	closed Statement of Authority and fee(s) ar	e submitted for filing	ļ.		
Please	return all correspondence concerning this n	natter to the followin	g:		
Martha	a Mendez				
	Name of Person		-		
Feinst	ein & Mendez, P.A.				
	Firm/Company		_		
2600 S	5. Douglas Rd., Suite 506				2022
	Address		_		SEP
Coral	Gables, FL 33134				-9
	City/State and Zip Code		_	500	H
					2022 SEP -9 AMII: 1
	E-mail address: (to be used for future an	nual report notification	on)		
For fur	ther information concerning this matter, ple	ease call:			
Marth	a Mendez	786 at (636-8938		
	Name of Person	Area Code	Daytime Telep	phone Number	_
	Mailing Address:		Street Address		
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327			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: 114-119 NE 20TH LLC SECOND: The Florida Document Number of the limited liability company is: L22000224854 THIRD: The street address of the limited liability company's principal office is: 101 NE 20TH ST MIAMI, FL 33137 UN The mailing address of the limited liability company's principal office is: 101 NE 20TH ST MIAMI, FL 33137 UN 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: ______ b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to: ___ b. No authority granted to: Signature orauthorized representative Typed or printed name of signature Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)