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COVER LETTER

Division of Corporations	
221 DEVELOPERS, LLC	
SUBJECT: Name of Limited Lie	ability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to th	e following:
Michael I. Bernstein, Esq.	
Name of Person	
The Bernstein Law Firm	
Firm/Company	van vet € 1.0 arvanorem a va
10800 Biscayne Boulevard, Suite 950	
Address	
Miami, Florida 33161	
City/State and Zip Code	
mchael@blfmiami.com	
E-mail address: (to be used for future annual report	notification)
for further information concerning this matter, please call:	
at (05 672-9544
Name of Person /	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1). Florida Statutes, this limited liab authority:	oility company submits the following statement of
FIRST: The name of the limited liability company is: 221 DEV	ZELOPERS, LLC
SECOND: The Florida Document Number of the limited liability	y company is: 1.23000506717
THIRD: The street address of the limited hability company's pro	incipal office is:
Aventura, FL 33180	
The mailing address of the limited liability company's 21495 E. Dixie Hwy	
Aventura, FL 33180	
position of a person in a company, whether as a member, transferoperson on the following: 1. May execute an instrument transferring real property a. Granted to: N/A	y held in the name of the company.
b. No authority granted to: Afejandro Chaber	Teran
2. May enter into other transactions on behalf of, or oth Alejandro Chaberman, a. Granted to: filings and approvals necessary to obtain Company_from_the_City_of_Hallandale_I b. No authority granted to:	as Manager limited to documents, instrument in entitlements for development on behalf of Beach, and Broward County Florida
SPAR	Jose Melul, Manager
Signature of authorized representative Filing Fee: \$25 Certified Copy: \$30	Typed or printed name of signature 5.00 (optional)