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VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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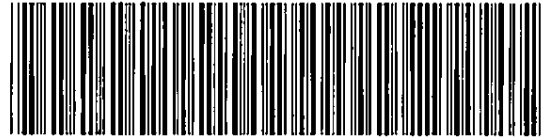
(Business Entity Name)

(Document Number)

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SEC. CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LADY LIBERTY 755 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:

JULIE G COHEN

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

STROCK & COHEN ZIPPER LAW GROUP PA

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

2900 GLADES CIR STE 750

\_\_\_\_\_  
Address

WESTON, FL 33327

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

JCOHEN@STROCKLAW.COM

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

For further information concerning this matter, please call:

JULIE G COHEN

954  
\_\_\_\_\_  
at ( )

659-2220

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

\_\_\_\_\_  
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: LADY LIBERTY 755 LLC

SECOND: The Florida Document Number of the limited liability company is: L23000547630

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

755 SW 113 LANE

PEMBROKE PINES, FL 33025

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

16711 SAPPHIRE ISLE

WESTON, FL 33331

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: MARCO ANDRES LUCCHESI CELIS or MILEXA

COROMOTO CARRASCO a/k/a MILEXA COROMOTO CARRASCO SIVIRA

or MARIA MERCEDES TENORIO

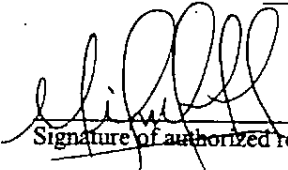
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: MARCO ANDRES LUCCHESI CELIS or MILEXA

COROMOTO CARRASCO SIVIRA or MARIA MERCEDES TENORIO

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

  
Signature of authorized representative

MILEXA COROMOTO CARRASCO a/k/a

MILEXA COROMOTO CARRASCO SIVIRA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)