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Florida Department of State

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From:

Account Name : COSTA & ASSOCIATES P.A.

Account Number : 120110000065 Phone : (305)827-0100

Fax Number : (305) 675-2210

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mavrice & costa lawyers, com

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COVER LETTER

TO: Registration Section Division of Corporations Coventry Partners, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Authority and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Mitchel Sabina Name of Person Firm/Company 7767 NW 146th Street

Mlami Lakes FL 33016

City/State and Zip Code

Address

mitchelsabina@msrealtycorp.com

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

For further information concerning this matter, please call:

Maurice Costa

305

827-0100

Name of Person

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Bullding 2661 Executive Center Circle Tallahasseg, Plorida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, Florida 32314

2015 NOV 16 AM 8: 30

STATEMENT OF AUTHORITY

RST: The name of the limited Hability company Is: COVENTRY PARTNERS, LLC		
ECOND: The Florida Document Number of the limited 1	lability company is: L04000087497	
HIRD: The street address of the limited liability company		
Miami Lakes, FL 33016		
The mailing address of the limited liability comp. 7767 NW 146th Street	2	
Miami Lakes, FL 33016		
b. No authority granted to: N/A	·	
2. May enter into other transactions on behalf of, a. Granted to : Frank Costa		
b. No authority granted to: N/A		
Al III	Mitchel Sabins, Managing Member of Hensel Holding, LLC; Manager of Coventry Partners, LLC	
gnature of authorized representative Piling Fee:	Typed or printed name of signature \$25.00	

CR2E138 (2/14)