

L1300057518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

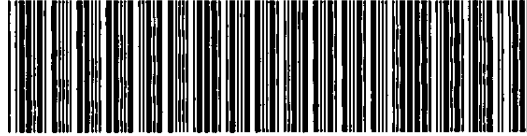
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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JAN 16 2015  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA REAL ESTATE INVESTORS FUND, L.L.C.

\_\_\_\_\_  
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:

**HINDE RUBENSTEIN**

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

**LAW OFFICE OF BARRY M. SICKLES, PA.**

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

**10100 W. SAMPLE ROAD, SUITE 404**

\_\_\_\_\_  
Address

**CORAL SPRNGS, FL 33065**

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

**Hinde@mainstreettitle.com**

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

For further information concerning this matter, please call:

**HINDE RUBENSTEIN**

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

**954**  
at ( )

Area Code

**255-9551**

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**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: Florida Real Estate Investors Fund, L.L.C.

**SECOND:** The Florida Document Number of the limited liability company is: L13000057518

**THIRD:** The street address of the limited liability company's principal office is:  
10100 West Sample Road, Suite 325  
Coral Springs, FL 33065

The mailing address of the limited liability company's principal office is:  
10100 West Sample Road, Suite 325  
Coral Springs, FL 33065

**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: AFTAB A. CUMBER, ALLAUDDIN PANJWANI  
GUL A. CUMBER

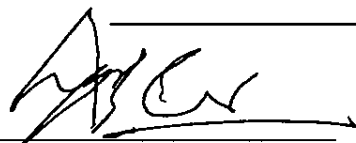
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: AFTAB A. CUMBER, ALLAUDDIN PANJWANI  
GUL A. CUMBER

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

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

AFTAB A. CUMBER  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)