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JUL 27 2019 D CUSHING

COVER LETTER

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 the	s matter to the following:
Elsa M. Salcedo	
Name of Person	
Elite Company Management LLC	
Firm/Company	
PO BOX 431288	
Address	
South Miami, Florida 33243	
City/State and Zip Code	
esalcedo@companyrenewal.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter.	please call:
Elsa M. Salcedo	305 934-4693
Name of Person	at () Area Code Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the follow authority:	ring statement of	f	
FIRST: The name of the limited liability company is: NB Investment Property LLC		_	
SECOND: The Florida Document Number of the limited liability company is: L1400009309	5	_	
THIRD: The street address of the limited liability company's principal office is: c/o Elite Company Management LLC	_		
2525 Ponce De Leon Boulevard, Suite # 300			
Coral Gables, Florida 33134	_		
The mailing address of the limited liability company's principal office is: c/o Elite Company Management LLC			
PO BOX 431288	-		:=='
South Miami, Florida 33243	-	19 JIJL	PESTAFE
FOURTH: This statement of authority grants or sets limitations of authority on all persons having position of a person in a company, whether as a member, transferee, manager, officer or otherwise person on the following: 1. May execute an instrument transferring real property held in the name of the compana. a. Granted to: N/A	or to a specific	18 AMII: 39	H OF CORPORATIONS
b. No authority granted to: N/A			
2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Elsa M. Salcedo, upon written authorization	- oany. -		
from the Manager of the limited liability company	-		
b. No authority granted to:	-		
Berna Gamgam	•		
Signature of authorized representative Typed or printed name o	f signature		

Certified Copy: \$30.00 (optional)