

L14000168457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

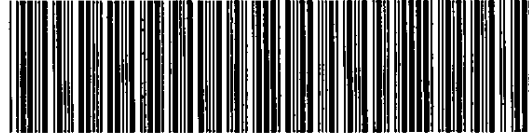
(Business Entity Name)

(Document Number)

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05/31/16--01030--021 \*\*55.00

16 MAY 31 PM 5:19  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**MUROFF, MILESTONE AND MILESTONE**  
ATTORNEYS AT LAW

NEIL A. MILESTONE  
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MELVIN I. MUROFF  
(1917-1992)

AVENTURA VIEW, SUITE 709  
2999 NORTHEAST 191st STREET  
AVENTURA, FLORIDA 33180  
TELEPHONE (305) 682-2324  
BROWARD (954) 454-4522  
FAX (305) 682-2327

May 26, 2016

*Via FedEx*

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

**Re: Florida Shine Marble, LLC - Document No. L14000168453**

Dear Sir/Madam:

Enclosed please find a Statement of Authority for filing for the above-referenced limited liability company.

Also enclosed is our check in the amount of \$55.00 for filing fees and for you to return a certified copy of the Statement of Authority to us in the enclosed FedEx envelope.

Many thanks for your anticipated cooperation.

Very truly yours,



Neil A. Milestone  
NAM/amr

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA SHINE MARBLE, 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:

**NEIL A. MILESTONE**

Name of Person

**MUROFF, MILESTONE AND MILESTONE**

Firm/Company

**2999 NE 191st STREET, SUITE 709**

Address

**AVENTURA, FLORIDA 33180**

City/State and Zip Code

**khominskiy@gmail.com**

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

For further information concerning this matter, please call:

**NEIL A. MILESTONE** at **305** **682-2324**  
Name of Person Area Code 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

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 SHINE MARBLE, LLC

SECOND: The Florida Document Number of the limited liability company is: L14000168453

THIRD: The street address of the limited liability company's principal office is:  
822 SPINNAKER DRIVE EAST  
HOLLYWOOD, FL 33019

The mailing address of the limited liability company's principal office is:  
822 SPINNAKER DRIVE EAST  
HOLLYWOOD, FL 33019

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: ANTON KHOMINSKIY

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: ANTON KHOMINSKIY

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 31 PM 5:19

✓   
Signature of authorized representative

Natalya Khominskaya  
Typed or printed name of signature

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