

LS000175362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

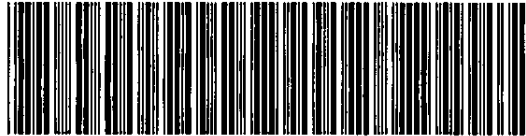
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 17 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: High Life Properties 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:

Joseph Ben Moshe Esq.

Name of Person

Joseph Ben Moshe, Attorney at Law

Firm/Company

521 Fifth Avenue, 17/Floor

Address

New York, New York 10175

City/State and Zip Code

Jbmoshe@aol.com

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

For further information concerning this matter, please call:

Joseph Ben Moshe

at (

917

676-1725

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

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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: High Life Properties LLC

SECOND: The Florida Document Number of the limited liability company is: L15000175362

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

66 Zalman Aran

Haifa, Israel

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

2107 S. 34th Street,

Fort Pierce, Florida 34947

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: Avraham Dror Dayan

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: Avraham Dror Dayan

b. No authority granted to: _____

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Signature of authorized representative

Mordechay Obadia
Typed or printed name of signature

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