

L18000083305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

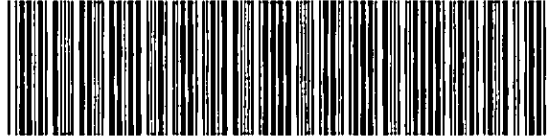
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/17/18--01026--026 **55.00

FILED
18 APR 17 PM 12:36
SECRETARY OF STATE
EAGLE PLAZA, SUITE 1100
HARTFORD, CT 06103

K SALY
APR 19 2018



April 16, 2018

Via Fed-Ex
Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Statement of Authority – NCD, LLC

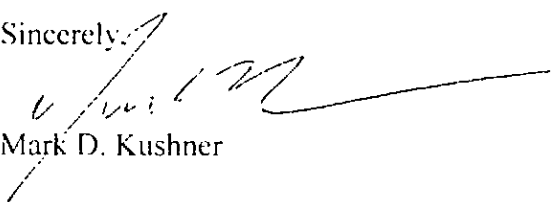
To Whom It May Concern:

Attached hereto is a Statement of Authority in reference to NCD, LLC along with a law firm check in the amount of \$55.00.

Please file this Statement and return a certified copy to my attention via the enclosed, prepaid return Federal Express envelope.

Do not hesitate to contact me should you have any questions.

Sincerely,



Mark D. Kushner

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCD, LLC

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:

Christopher Velez, Member
NCD, LLC
1896 Water Ridge Dr.
Weston, FL 33326

Email: christophercnco@gmail.com

For further information concerning this matter, please call:

Juan Cumbe at (646) 727-4330
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS	MAILING ADDRESS
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NCD, LLC

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

L18000083305.

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

235 Park Ave South 9FL
New York, New York 10003

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

235 Park Ave South 9FL
New York, New York 10003

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:

b. No authority granted to:

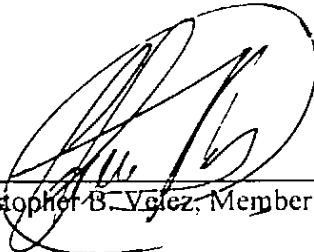
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to : **Alejandro J. Matheus, 1896 Water Ridge Dr., Weston, FL 33326.**

The authority granted herein is limited to: executing any instrument(s) or other document(s) necessary to effectuate and accomplish the purchase of the real property described below in the name of the company:

Condominium Unit No. 1028B of Neo Vertika, a Condominium, according to the Declaration of Condominium thereof, recorded in O.R. Book 24605 at Page 3349, of the Public Records of Miami-Dade County, Florida; together with an undivided share in the common elements appurtenant thereto

Folio: 01-4138-122-3880 (690 SW 1st Court, Apt 1028, Miami, FL 33130)



Christopher B. Vélez, Member

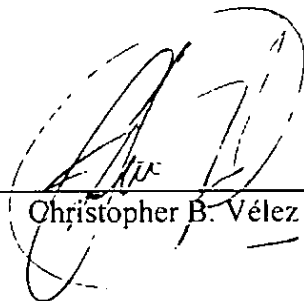
4/13/18

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Puerto Rico
County of San Juan

In San Juan, Puerto Rico, this 13th day of April 2018.



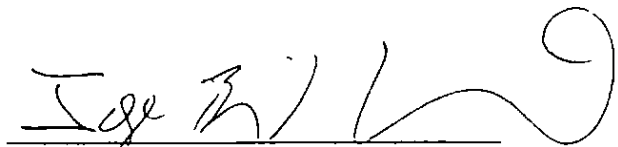
Christopher B. Vélez

Affidavit Number: 966

Sworn and executed before me by Christopher B. Vélez, of legal age, single, comerciento and resident de Newark, New Jersey, whom I give faith of having identified by his driver's license expedited by the state of New Jersey.

In San Juan, Puerto Rico, this 13th of April, 2018.

My commission expires: Permanent



Notary Public



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

Statement of Authority