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Registration Section

TO:

Division of Corporations	•	
SR GROUP HOLDINGS LLC SUBJECT:		
	nited Liability Com	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following	; :
Keith D. Silverstein, Esq.		
Name of Person		-
Keith D. Silverstein, P.A.		
Firm/Company		-
1111 Brickell Avenue, Suite 1550		
Address	-	•
Miami, Florida 33131		
City/State and Zip Code		-
keith@silversteinpa.com		
E-mail address: (to be used for future annu-	al report notificatio	
For further information concerning this matter, pleas	se call:	
Keith D. Silverstein	305 at (868-0200
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 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 fimited liability company is: SR GROUP HOLDINGS LLC SECOND: The Florida Document Number of the limited liability company is: L19000135693 **THIRD:** The street address of the limited liability company's principal office is: 1111 Brickell Avenue, Suite 1550, Miami Florida 33131 The mailing address of the limited liability company's principal office is: 1111 Brickell Avenue, Suite 1550, Miami Florida 33131 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: May enter into other transactions on behalf of, or otherwise act for or bind, file company. Granted to: b. No authority granted to: Keith D. Silverstein, Esq. Typed or printed name of signature Signature of authorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)