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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Zina Home Services, 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:

Jerome S. Levin

Name of Person

Levin Law, LC

Firm/Company

1444 1st Street, Suite A

Address

Sarasota, FL 34236

City/State and Zip Code

jlevin@levinmediation.com

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

For further information concerning this matter, please call:

Jerome S. Levin

.,941

953 5300

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

CR2E138 (12/13)

STATEMENT OF AUTHORITY

Pursuant authority	t to section 605.0302, Florida Statutes, this limited liability company submits the following	statement of
FIRST:	The name of the limited liability company is: Zina Home Services, LLC	<u></u>
SECON	ID: The street address of the limited liability company's principal office is:	
	1130 Villagio Circle Sarasota, FL 34237	
	The mailing address of the limited liability company's principal office is: 1130 Villagio Circle	
	Sarasota, FL 34237	
position	: This statement of authority grants or sets limitations of authority on all persons having the of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following:	e status or or to a specific
	May execute an instrument transferring real property held in the name of the company a. Granted to: Abdelkader Targui	<i>i.</i>
	b. No authority granted to:	
	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: Abdelkader Targui	any C
	b. No authority granted to:	
Signatur	TAR was Abdel Kader Typed or printed name or	argui

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)