

L09000101903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400293152944

01/03/17--01019--027 **55.00

FILED

2017 JAN -3 PM 3:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

JAN - 4 2017

MUROFF, MILESTONE AND MILESTONE

ATTORNEYS AT LAW

NEIL A. MILESTONE
neil@mmmtitle.com

JAN MILESTONE
jan@mmmtitle.com

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

December 28, 2016

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Re: Statement of Authority - NACHESUSA LLC - Document Number L09000101903

Dear Sir/Madam:

Enclosed please find a Statement of Authority for filing in connection with NACHESUSA, LLCs:

Also enclosed please find our check in the amount of \$55.00 for the filing fee for the Statement of Authority and one (1) certified copy thereof to be returned to us in the enclosed envelope.

Please contact the undersigned if there are any problems or if you have any questions.

Thank you for your anticipated cooperation.

Very truly yours,


Jan Milestone, Esquire

JM/dh
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NACHESUSA 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, Ste 709

Address

Aventura, Florida 33180

City/State and Zip Code

Leo@stayana.ca

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

For further information concerning this matter, please call:

Neil A. Milestone

Name of Person

at (

305

Area Code

682-2324

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: NACHESUSA LLC

SECOND: The Florida Document Number of the limited liability company is: L09000101903

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

3001 S. OCEAN DRIVE 1201

HOLLYWOOD, FLORIDA

33019

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

3001 S. OCEAN DRIVE 1201

HOLLYWOOD, FLORIDA

33019

FILED
2011 JAN -3 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

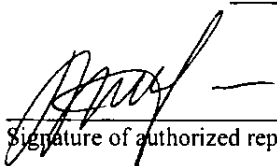
a. Granted to: either Leonid Kofman or Tanya Pekar without
the consent and joinder of the other.

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: either Leonid Kofman or Tanya Pekar without
the consent and joinder of the other.

b. No authority granted to: _____



Signature of authorized representative

Tanya Pekar

Typed or printed name of signature

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